



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000507744		2. Exact name of the Corporation Forge Ahead, Inc.			
3. Principal office address 120 Knowlesway Extension			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-789-2288		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Laundromat					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David P. DesForges			Vice-President Name Lori A. DesForges		
Street Address 57 Schooner Cove Lane			Street Address 57 Schooner Cove Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name David P. DesForges			Treasurer Name David P. DesForges		
Street Address 57 Schooner Cove Lane			Street Address 57 Schooner Cove Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David P. DesForges			Director Name		
Street Address 57 Schooner Cove Lane			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 06 2013

BY CM 191879
10:59

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

David P. DesForges

Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2013 FEB 21 PM 2:53
2013 FEB 14 PM 11:53
2013 FEB 10 10:59