

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

1. Entity ID No. 62777		nley Group, Inc.					
Principal office address Principal office address Principal office address			City Lincoln	State Ri	Zip 02865		
No. 8 Business Phone No. 401-475-4445			5. State of Incorporation RI				
6. Brief description of the char Acquisition and opera							
7/1. STVALLIOFFICERS (NA	MES AND ADDE	(ESSES) (#X:#BOX FOR A	TTACHMENT)		机构色机 语形		
President Name John F. Conley			Vice-President Name Suzanne Conley Ouhrabka				
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road				
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
Secretary Name John F. Conley			Treasurer Name Suzanne Conley Ouhrabka				
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road				
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865		
8. LIST ALL DIRECTORS (N.	AMES AND ADE	RESSES) ("X" BOX FOR	ATTACHMENT)		Particular and Particular Commencer (Particular Commencer (Particu		
Director Name John W. Conley			Director Name		21		
Street Address 4391 Bonita Bay Boulevard, Unit 2101			Street Address				
City Bonita Springs	State FL	Zip 34134	City	State	Zip &	087 1	
Director Name					<u> </u>		
Street Address			Street Address Street				
City	State	Zip	City	State	Zip OS	- ₹ }	
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)	et jarden	
The state of the s	are week and the state of the		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		680	Common Series A	No pa	r		
See Section 9 of instruction s	sheet.		1040	Common Series B	No pa	r	
This report must be executed		corporation by an authorize st be executed on behalf of			f a receiver or tro	ustee,	
e cerispoeth esten engandadarananan				erjury, I declare and affirm	that I have exa	mined	

File Date		Under penalty of perjury, I declare and affirm this report, including any accompanying sche	
	FILED	and that all statements contained herein are tr	ue and correct.
		John Colon	12/19/14
By:	FEB 23 2015	Signature of Authorized Representative	7 Date
FOR SECRETARY OF STATE USE ONLY	JU2924	John W. Conley, Director	
renilingitishing records provide a more representative construction of a present of	y / I V	Print or Type Name of Authorized Representative	•

Form No. 630 Revised: 01/2012