

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No	2. Name of Corporat	ion The Acc	VEMENTS TUT	-	
14.7020	<u> </u>	REELE THEKO	VE MENTS, LNC.	81-4-	7in
3. Street Address Principal Busin SIOAK AV	ess Office ÉNVE		CID NARRAGANSETT	State R.I	2ip 02882
4. Business Phone No.		5. State of Incorporation			
(401) 741 - 6219 6. Brief Description of the Character of Business Conducted in Rhode Island			ISLAND		
6. Brief Description of the Charac	cter of Business Conducted i LING - RESI	in Rhode Island ロモルエAL			
7. NAMES AND ADDRESS	SES OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
President Name	_		Vice President Name		
STEPHEN A. PACAZZO			MARILYN PALAZZO		
Street Address			* Etwant Address		
SI OAK AVENUE			5) OAK AUENUE		
NARRAGANSETT	State PoI	24 D Z 8 8 Z	NARRAGAN56TT		Zip ひこををこ
MARILYN PALAZZO			Treasurer Name STEPHEH A-PALAZZO		
Street Address 5 A ME			Street Address SUME		
City SAME	State JAME	ZIP S A M &	City SAME	State SAMÉ	Zip 5 AM U
			TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS
Director Name		•	Director Name		
No DIRECTURS					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
SHEEL AUGUSES			SPECE PRACTES		
City	State	Zip	City	State	Zip
	-	_	:	1	<u> </u>
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000		No PAR	NONE		
This remark result has a second	stad on hobelf of street	amoration by an authorit	and representative If the comme	rotion is in the hand	le of a receiver or tracter
this report must be execut			zed representative. If the corpor	anon is in the name	is of a receiver of trustee,
uno report must be execui	ion on behalf of the ce	aporation by the receive	i oi duotee.		
					that I have examined this repo
			including any accompanying schedules and statements, and that all statemen		
	LEU		contained herein are tru	e and correct.	A A
File Date		_ 1	Stylu A	- Taleyor	2-24-08
i Mar	07 2008		Signature	. ~	Date

TEPHEN A. PALAZZO

Print or Type Name

RESIDENT