

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(ccfd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corpora	ar Reflec	stions Ltc	1.	
3. Street Address Principal But		ill Rd.	Coventry	State RI	D-816
4. Business Phone No.		5. State of Incorporation			
6. Brief Description of the Cha	racter of Business Conducted				
7. NAMES AND ADDRI	ESSES OF THE OFFICE	RS: ("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPACE Vice President Name		
Jenniter Tuchon Street Address			Kristine Gillespie		
YOTWIN Brook Ln. State Zip			9 Hillsi	CR AVR.	2ip
Coventry	Sme 2I	ماء ج ^م "	Coventry	RI	102816
Jennife	rTuchor	<u> </u>	Kristine Gillespie		
Street Address 40 Twin Brook Ln.			9 Hillside AVE.		
Covertry	State 2	219 02816	Covertry	State 2 I	1860°
8. NAMES AND ADDRU Director Name	ESSES OF THE DIRECT	TORS: ("X" BOX FOR ATT	: Director Name	ACES BEFORE USING	ATTACHMENTS
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	State	Zip	City	State	Zip
City	, sene				
Director Name	re_		Director Name	one_	
Street Address			Street Address		Se F
City	State	Zip	City	State	Zip S
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9. SHARES AUTHORIZ	ZED	•	10. SHARES ISSUED (". ISSUED SHARES — THIS SECTION		
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