

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 PRI

|                             |  | tion failing or refusing to file its and    | ual report within thirty (30) d  | tys after the time prescribed by lat            | w (R.I.G.L. 7-1.2-1501(c&d)) is |
|-----------------------------|--|---|--|---|---------------------------------|
| 1. Corporate ID No.         | 2. Name of Corpor  | ration                                      |  |   |                                 |
| 132975                      | MAN  | DT Inc                                      |  |   |                                 |
| 3. Street Address Principal | Business Office  |   | City   | State   | Zip                             |
| 390 Duga                    | vax Bridge   | R c c v/<br>5. State of Incorporation       | West Kings   | Ten RI  | 12883                           |
| 4. Business Phone No.       | , V  | 5. State of Incorporation                   | 1 170 1  | lence Plantatio                                 | =                               |
| 401-78                      | 7 - 76/7<br>Character of Business Conducte               | Rhodo Islo                                  | nd and Provid  | lence Plantalio                                 | 7-5                             |
| ^                           |  |   | · 11   | 1   |                                 |
| 7. NAMES AND ADI            | NU SIM 455 コピイレバイ<br>ORESSES OF THE OFFIC                | ers: ("X" BOX FOR/ATTA                      | CHMENT) □ FILL IN  | SPACES BEFORE USING                             | ATTACHMENTS                     |
| President Name              |  |   | Vice President Name  |   |                                 |
| Thomas A Withom             |  |   | Marie E. Withon  |   |                                 |
| Street Address              |  |   | Street Address   |   |                                 |
| P.U. Bax 323                |  |   | P. U. Byk 323  City   State   Zip  |   |                                 |
| City                        | ← State  | Zip 🐧 🐧                                     | City   | State   | Zip                             |
| West Kings                  | tin RI   | CZ 892                                      | WeJ King St<br>Treasurgr Name  | orio R.T.                                       | 62 892                          |
| Moris E Withon              |  |   | i vita   |   |                                 |
| Street Address              |  |   | Street Address   |   |                                 |
| P.C. Box 323                |  |   | P. 1 Rev 323   |   |                                 |
| City                        | State  | Zip   | City   | 3.2.3<br>  State                                | Zip                             |
| INEST Kings                 | ton RI   | 62692                                       | West Kings   | Two RI  | دو ۶ در                         |
|                             | PRESSES OF THE DIREC                                     | TORS: ("X" BOX FOR ATT                      | ,  | N SPACES BEFORE USING                           | G ATTACHMENTS                   |
| Director Name               | 4/   |   | Director Name  |   |                                 |
| Street Address              | None   |   | Street Address   |   |                                 |
| Street Address              |  |   | Sirvei Address   |   |                                 |
| City                        | State  | Zip   | City   | State   | Zip                             |
| Director Name               |  |   | Director Name  |   |                                 |
|                             |  |   |  |   |                                 |
| Street Address              |  |   | Street Address   |   |                                 |
| City                        | State  | Zip   | City   | State   | Zip                             |
| O CHARRE ATTUON             | PIZED  |   | 10 CHAPTE ICCIUM   | ("Y" ROY FOR ATTACE                             | <br>IMENT) □                    |
| 9. SHARES AUTHORIZED        |  |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)    ISSUED SHARES — THIS SECTION MUST BE COMPLETED |   |                                 |
|                             |  |   | Number of Shares   | Class/Series                                    | Par Value                       |
|                             | currently of record in the<br>tire an additional filing. | Office of the Secretary of See Section 9 of |  | _   |                                 |
| instruction sheet.          |  |   | 2c0  | Gommon  | ne por velys                    |
|                             |  |   | in   |   |                                 |
|                             |  |   |  |   |                                 |
|                             |  | corporation by an authorize                 |  | corporation is in the hands                     | s of a receiver or trustee,     |
| this report must be e       | xecuted on behalf of the                                 | corporation by the receiver                 | or trustee.  |   |                                 |
|                             |  |   |  |   |                                 |
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| File Date                   | 7/52/  |   | Y II ton Signature   | C. Witham                                       | 7 - 3 v - c y  Date             |
| Check No.                   | 153  |   | Signature<br>——]   | 1 1 1   | Duit                            |
| CALLETTO.                   | 4  | —   | 1 hamas  | . A (.):Tha                                     | to a                            |

Print or Type Name