

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 2007

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 possible fee of \$25.00

	d)) is subject to a penalty				
1. Corporate ID No. 6 & 3 3	2. Name of Corporation	BATE FLAC	515 INC.		
1 O 6 8 3 TO LL GATE FLOR 3 Street Address Principal Business Office 89 GLENWOOD DRIVE			WAR WICK	State R. I.	02839
4. Business Phone No.	300 01010	5. State of Incorporation			
401 739	6053	R.I.			
	racter of Business Conducted in				
7. NAMES AND ADDRE	SSES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
FRANK A NERI			FRANK A NERI		
FRANK A NERI Street Address 87 GLENNOOD ORIVE City WARWICK RI O2889			Street Address		
87 6 1 560	1000 DCIDE	220	City	State	Zip
MABINICK	State T	(1) (28)	• (.fl)'	State	z_{ip}
Secretary Name	111	1 75.70	Treasurer Name		
FRANK A. HERI			FRANK A. NERI		
Street Address			: Street Address		
СИу	State	Zip	City:	State	Zip
8. NAMES AND ADDRE	esses of the directo	RS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SP.	ACES BEFORE USING	ATTACHMENTS
Director Name	A 1 ==		Director Name		
FRANK A. NERT					
Street Address R9 GLENWOGD ORIVE City State WARWICK RI CX889			Street Address		
80 GLEH	4000 DKIN	t	• ***	T on a	a.
MA BONGON	State	C > 220	City	State	Zip
Director Name			Director Name		
Daegun Name			Director Name		
Street Address			Street Address		
CHy	State	Zip	City	State	Zip
O SHAPES ATTHORIZ	ED ("V" POV EOP ATT	ACHMENT)	:	 Roy for attachi	 MENT) [
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
,					
100	Comman	200 636	100	Comman	410 GUS
This report must be exe	cuted on behalf of the co	orporation by an authori	ized representative. If the corpo	oration is in the hands of	of a receiver or trustee,
	cuted on behalf of the co				
			Under penalty of periu	rv. I declare and affirm tha	t I have examined this repor
	n.		including any accompa	mying schedules and state	ments, and that all statemen
j 1 15-1-			contained herein are tr	ue and correct.	
File Date FFR 9 4	2009		Trank	W. Wen	2 23 69
1 2 2 1	11116		Signature		Date
Check No.	99	-	FORME	A NEBE	
by			Print or Type Name	11 125:5 -	
By:		-	^ "	. 1	
FOR SECRETARY	OF STATE USE ONLY		PRESIDE	7	
L			Title		Form 630 Rev. 12/06