

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

In accordance with R.I.G ubject to a penalty fee of \$.			aal report within thirty (30) days	after the time prescribed by law (1	R.I.G.L. 7-1.2-1501(c&d)) is
. Corporate 1D No 89405	2 Name of Corporation Veris 7	BV110 Inc.			
Street Address Principal		eT	Praiderre	State R.L	02903
Business Phone No.	CHARLE TOUR	5. State of Incorporation	I Sland		
Brief Description of the		r Rhode Island	L SILVIU		
Japane	CSE ACSTAUTAND ORESSES OF THE OFFICER	大 s. ("Y" ROY FOR ATTAI	CHMENT) FILL IN SI	PACES BEFORE USING AT	TACHMENTS
esident Name	•	3. (A 10A 10A 111111	Vice President Name		
Liya Lao			: Liya La O : Street Address CI		
186 S/PC	epy Hollow Fo	rm	186 Steepy	, Hollow tar	
IDA COSTO	State	02886	Warwick	State	02886
Secretary Name			Tyeasurer Name GNA GO		
Street Address			Street Address		
186 Slee		ral	186 Sleepy	Hollow Harm	Z1/2 _ 4
Warwick	k State RI	Zip 02886	warwick	RI	ZAP02886
. NAMES AND ADI	DRESSES OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT) TILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Ciya Lao			Source Address		
irect Address 1812 Sleve	our Hollow Far	rm	Street Address		
34/y	State	D2 P81.	City	State	Zip
WATWICK		02004	Director Name		l
	· · · · · · · · · · · · · · · · · · ·		Street Address		
itreet Address					120
Жу	State	$Z \psi$	City	State	Ζip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
100 Common W107			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. See Section 9 of			100	common	notar
instruction sheet.				(201)111011	7.010
- 112					6
This report must be this report must be	executed on behalf of the concepted on t	corporation by an authorize orporation by the receiver	ed representative. If the coor trustee.	orporation is in the nands	of a receiver of musice,
	 ,				
	OCT 1 9 2009		Under penalty of p	erjury, I declare and affirm th	at I have examined this re
	By ()		including any acco	mpanying schedules and stat	ements, and that all staten
C:1 D	10735/		contained need in a	re true and correct.	3-18-9
File Date	OCT 19 PH 12:21		Signature		Date
Check No	- AIG SHOULD	ZANO	Lixalac	<u> </u>	
By:	STATE TO THE STATE	ਰ	Print or Type Name	+	
FOR SECRE	TARY OF STATE USE ONLY	38	Title	<u></u>	Form 630 Rev. 08/08