

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.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(e&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No	2. Name of Corporation		1016		
50071		M. S. ISEALTY	100	State	Zip.
3. Street Address Principal Busines	SPEN	W. AVEZ	CHILLO PROV	RI	1 029CH
4. Business Phone No.	Carl Stell	5. State of Incorporation	1	<u> </u>	
401-353-6350 Rhode		15/a-1			
6. Brief Description of the Charact	er of Business Conducted in	a tibe de Island		~ I	
TO Proche	سري کي ورنه	, SUBLEASE : 1	ションロル・アいょう	TINZHUI T	Assord Hookery
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC			CHMENT) 📋 FILL IN SP	ACES BEFORE USING	ATTACHMENTS
P) Estilent Nume			Vice President Name		
MARIC CASTELL			<u>:</u>		
Street Address			Street Address		
1405 Mine	sect Soria	a Ave	<u> </u>	·	1
City	State	Zip C C C C	- City	State	Zip
MO TROV	1 127	109201	[		
Secretary Name			Treasurer Name		
			Street Address		
Street Address					
	Ctata	Zip	: City	State	Zip
City	State	12.10	:		
8. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR ATT	: FACHMENT) ☐ FILL IN	I SPACES BEFORE USIN	NG ATTACHMENTS
Director Name		•	Director Name		
NON C			<u></u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u> </u>			
Director Name			Director Name		
			:		
Street Address			Street Address		
	State	Zψ	- City	State	Zip
City	State	<sub>22</sub> ψ	:		<b>'</b>
9. SHARES AUTHORIZED	1	1	: 10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)
GOO COMM NO PAR VAUL			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			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. Sec Section 9 of instruction sheet.			_		- C;
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msiruction sheet.					
				i	
This report must be execu	uted on behalf of the	corporation by an authoriz	ed representative. If the co	orporation is in the han	ds of a receiver or trustee,
this report must be execu	ted on behalf of the c	orporation by the receiver	or trustee.		
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\$700 B					
Call to Color			Hoder penalty of p	eriury 1 declare and affirm	n that I have examined this repo
FILED			including any acco	mpanying schedules and	statements, and that all statemen
			contained herein are true and correct.		
Pite Day	OCT 2.7 201	n	1 1/2/	Detal 1	10/25/10
File Data	- ULI 2 - 201	<b>U</b>	Signature	A	Date
Check No.	170.	<b>17</b> ]	MARK.	S-CASTEL	( )
Check 7101	By	<del></del>	Print or Type Name		, <u>~~</u>
Ву:		- / CT-			
	OF STATE USE ONLY		Pres	1011-	
FUR SECRETARY C	JI STATE OUL ONE!		Title		Form 630 Rev. 08/08
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