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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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(r), 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 penalty fee of \$25.00.

1. Corporate ID No. 109309		2. Name of Corporation MONTANO CORP		
3. Street Address Principal Business Office 1 MATTHEW PAUL		City NO. PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-640-0554		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ANDREW J. MATTHEW		Vice President Name 11		
Street Address P.O. Box 113981		Street Address		
City NO. PROVIDENCE	State RI	Zip 02914	City	State
Secretary Name ANDREW J. MATTHEW		Treasurer Name 11		
Street Address P.O. Box 113981		Street Address		
City NO. PROVIDENCE	State RI	Zip 02911	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1000		10. SHARES ISSUED ("X" BOX FOR ATTACHM. ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 100	Class/Series Common	Par Value NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

MAR 08 2011

By: 139474
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: ANDREW J. MATTHEW Date: 3/8/11
Print or Type Name: President
Title: _____