RI SOS Filing Number: 201176770410 Date: 03/21/2011 4:00 PM

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

A. Ralph Mollis, Secretary of Sta
Corporations Divisi
148 W. River Str
Providence, RI 02904-26
401.222.30

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(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 penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
15145	Summit General Store, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
25 Old Summit Road		Greene	RI	02827
4. Business Phone No.	5. State of Incorporation			
401-397-3366	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
General Retail Store				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Kevin Skaling	21 Weeks Hill Road	Greene	RI	02827
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Ellen Ucci	22 Railroad Street	Greene	RI	02827
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Paul Skaling	1810 Plainfield Pike	Greene	RI	02827
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Joan Kiselica	88 A Plainfield Pike	Foster	RI	02825

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Kevin Skaling	21 Weeks Hill Road	Greene	RI	02827
Director Name	**Street Address**	**City**	**State**	**Zip**
Matthew Skaling	6 Railroad Street	Greene	RI	02827
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	None

THIS SECTION MUST BE COMPLETED

FILED

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.

[redacted]

MAR 21 2011
BY 12619

[redacted]

Under penalty of perjury, I declare and affirm that I have examin[redacted] including any accompanying schedules and statements, and that [redacted] contained herein are true and correct.

Signature — Date: 3/18/11

Kevin Skaling
Print or Type Name

President
Title

Form 630 Rev. 08/08

8. CONTINUATION OF NAMES AND ADDRESS OF THE DIRECTORS

Ellen Ucci
22 Railroad Street
Greene, RI 03827

FILED
MAR 21 2011
BY 1545