

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 subject to a penalty fee of \$25.00.	?-1501(e), each corporation	s failing or refusing to file its an	nual report within thirty (30) a	lays after the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is
1 Corporate ID No.	2. Name of Corporation	20 01	10 1 00		
3. Street Address Principal Business	New En	gland LI	QUOYS 11	16	
500 Cranslon		2.I. 02907	frov.	State F	2ip 02907
4. Business Phone No. 4.01 - 421-0235 5. Style of Incorporation X. I.					
6. Brief Description of the Character		Rhode Island			
7. NAMES AND ADDRESSE	OV-C	S. ("Y" ROY FOD ATTA	Carageant) (There was	SPACES BEFORE USING A	
President Name		OI (A BOATOR ATTA	: Vice President Name	SPACES BEFORE USING A	ITACHMENTS
MANUEL A SENA			FASian Raycisco		
570 public ST			Sireel Address 22 Caul St.		
Providence	R.I.	02907	Avoviden	CC State R.I.	02909
Ansian Trancisco			Greasurer Name		
Street Address			Street Address		
22 Carl 9/					
" frovidence	State R.J.	Zip 02909	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	; TACHMENT) ☐ FILL II	 N SPACES BEFORE USING .	ATTACHMENTS
Director Name			Director Name		
nom (none		
		Street Address			
City	State	Zip	City	State	
Director Name]		•		
MAIN P			Director Name		
Street Address			Street Address		
	•		· · · · · · · · · · · · · · · · · · ·	:	
City	State	Zip	City	State	Zip (V) (V)
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			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	Class/Series	Par Value
			200	COMMON	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.					
Under penalty of perjury, I declare and affirm that I have examined this report					
including any accompanying schedules and statements, and that all statements of the statement of the statem					
File Date National Parties 9-28-1					
Check No. SEP 29 2011 Check No. SEP 29 2011					
FABIGIN Francisco					
Print or Type Name					
FOR SECRETARY OF STATE USE ONLY					
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