



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 2012

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 63029		2. Name of Corporation Tschia Inc.	
3. Street Address Principal Business Office 1191 Post Rd.		City Warwick	State RI
		Zip 02888	
4. Business Phone No. (401) 467-3171		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name FRANK NERI		Vice President Name Joseph M. Neri	
Street Address 1006 POST ROAD		Street Address 1006 POST ROAD	
City Warwick	State RI	City Warwick	State RI
		Zip 02888	
Secretary Name Theresa Murphy		Treasurer Name FRANK M. NERI	
Street Address 1006 POST ROAD		Street Address 1006 POST ROAD	
City Warwick	State RI	City Warwick	State RI
		Zip 02888	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name FRANK NERI		Director Name ROBERT J. NERI	
Street Address 1006 POST ROAD		Street Address 1006 POST ROAD	
City Warwick	State RI	City Warwick	State RI
		Zip 02888	
Director Name FRANK M. NERI		Director Name ONE	
Street Address 1006 POST ROAD		Street Address	
City Warwick	State RI	City	State
		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 2000	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

File Date JAN 03 2012
 Check No. _____
 By: 387
 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 Frank Neri Date _____
 Print or Type Name FRANK NERI
 Title PRESIDENT