

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

Filling Period: January 1 - March 1 • Filling 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 with the process of the composition of the c

subject to a penalty fee of \$25.00.	T		-		
1. Corporate ID No. 98417	2. Name of Corporation 7 Commercial Street, Inc.				
3. Street Address Principal Business Office 351 West Main Rd			Gity Middletown	State RI	^{Ζιρ} 02842
4. Business Phone No. 4018477574 5. State of Incorporation Rhode Island				• • • • • • • • • • • • • • • • • • • •	
6. Brief Description of the Character of own, manage and operate re			own, Rhode Island		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SP	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Robert Kempenaar II					
Street Address C/o 351 West Main Rd			Street Address		
City Middletown	State RI	^{Zф} 02842	Сиу	State	Zip
Secretary Name Robert Kempenaar II			Treasurer Name Robert Kempenaar II		
Street Address			Street Address		
c/o 351 West Main Rd			c/o 351 West Main Rd		
City Middletown	State RI	<i>Zip</i> 02842	City Middletown	State RI	^{Z4p} 02842
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	<i>TACHMENT)</i> FILL IN :	SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
Director Name	<i>J.</i>		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			0	common	no par value
This report must be executed this report must be executed of				rporation is in the hand	s of a receiver or trustee,
					<u></u>
	_		Under penalty of per	riury. I declare and affirm	that I have examined this repo
FILED					atements, and that all statement
]	contained herein are		1 1
File DateJAN 26 2	2012		W M	1//	V //23/12
_ ara	$M \cap \mathcal{I}$		Signature	<u> </u>	Date
By:			Robert Kempenaar II		
			Print or Type Name		
			President		
FOR SECRETARY OF STA	ATE USE ONLY		Title		
		2	1 tite		