



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 9215		2. Name of Corporation Gerald H. Schryver, Inc.			
3. Street Address Principal Business Office P.O. Box 98			City Barrington	State RI	Zip 02806
4. Business Phone No. 245-2345		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerald H. Schryver, III			Vice President Name None		
Street Address P.O. Box 98			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Gerald H. Schryver, III			Treasurer Name Gerald H. Schryver, III		
Street Address P.O. Box 98			Street Address P.O. Box 98		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gerald H. Schryver			Director Name Gerald H. Schryver, III		
Street Address P.O. Box 98			Street Address P.O. Box 98		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 20	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 27 2012

Check No. 1370

By: [Signature]

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] 1/23/12  
Signature Date  
Gerald H. Schryver, III  
Print or Type Name  
PRESIDENT  
Title