

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/2

. Entity ID No.	2. Exact name of the	Corporation		,			
161561	#+=	I Coston	n Vema	soleting -	Inc.		
Principal office address	1	/	City //		State	Zip	
8 1000	T Brook	are	7100	<u>د</u>	KI	20821	
. Business Phone No.			5. State of Incom	ooration	/		
401-787-9	7316			Rhode	Islan	1	
Brief description of the characte	er of business conduc	ted in Rhode Island		*			
Home a	emode long	<u>'</u> —					
LIST <u>ALL</u> OFFICERS (NAMES	AND ADDRESSES	("X" BOX FOR ATT	ACHMENT)			5 9 10 10 10 10 10	
resident Name		/	Vice-Pres ide nt	lame	1/	1/	

/. LIST ALL UFFICERS (NAME:	S AND ADDRESSE	S)("X BUX FUH AI	JACHMENI)		All the second sections.		
President Name			Vice-President Name	1/	1/		
/110mas	- aco	Succi	Krymo	nd Husse	<u>/ </u>		
Street Address	1		Street Address	/	9		
5 71027	Brook	Lane		nongton farm	Dive		
City Horse	State	Zip # 3 /	City Covantry	State	Zip 098-16		
Secretary Name			Treasurer Name	10			
/homas	Lace Grae	1	Loymo	nd tusse	<i>!</i>		
Street Address	DL	/	Street Address/	0	7		
of tort	BINK L	ane	73 6	Coming In Tai	m Drive		
City	State 2	Zip	City /	State	Zip		
XIDY C	K.L	22831	Coventry	KL	02816		
8, LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)							
Director Name		,	Director Name		/		
Thomas	-Lacob	de	Kac	mond ta	rsc//		
Street Address	- Smk	Love	Street Address 73	nmajon Farm	. Done		
City Hope	State	Zip ## 3 /	City Coventry	State	ZE COSIL		
Director Name			Director Name /		- 83		
Street Address	·		Street Address		- 500K		
City	State	Zip	City	State	ZEN S D		
9. SHARES AUTHORIZED			10. SHARES ISSUED	"X" BOX FOR ATTACHM			
The state of the s			NUMBER OF SHARES	CLASS/SERIES	PAR VANDE		
This information is currently of	record in the Offic	e of the Secretary		1	11 /2		

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.

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File Date	FILED gyl	Under penalty of perjury, I declare and affirm this report, including any accompanying sch and that all statements contained herein are	nedules and statements,
Check No	1 1 2012	Sport'	2/1/2
FOR SECRETARY OF STATE USE ONLY	10001	Signature of Authorized Representative Thomas Tacoboncis	/ / Date
		Print or Type Name of Authorized Representati	VO.

Form No. 630 Revised: 01/2012

of State. Changes require an additional filing.

See Section 9 of instruction sheet.