

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2012

* In accordance with R.I.G.L. subject to a penalty fee of \$25.		ation failing or refusing to file its ann	ual report wishin thirty (30) do	tys after the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 122770	2. Name of Corpo IONIAN,					
3. Street Address Principal Business Office 622 George Washington Highway			City Lincoln	State RI	02865-0000	
4. Business Phone No. 5.		5. State of Incorporation RI				
6. Brief Description of the Cha to operate a donu		ed in Rhode Island				
7. NAMES AND ADDRI President Name Demetrius D. San		CERS: ("X" BOX FOR ATTA	CHMENT)		ATTACHMENTS	
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle			
Gity Johnston	State RI	^{Zip} 02919-	City Johnston	State RI	02919-	
Secretary Name Valerie B. Sampalis			Treasurer Name Kristina Sampalis			
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle			
City Johnston	State RI	^{Zip} 02919 -	^{City} Johnston	State RI	^{Zip} 02919-	
8. NAMES AND ADDRI Director Name Demetrius D. San		CTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name Dennis J. Sampa		ATTACHMENTS	
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle			
Johnston	State RI	02919-	Johnston Johnston	State RI	02919-	
Director Name Kristina Sampalis Street Address 11 Betsy Williams Circle			Director Name none Street Address none			
						City Johnston
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is cu	rrently of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
		e corporation by an authorize corporation by the receiver of		corporation is in the hands	of a receiver or trustee,	
Ę	II FD			perjury, I declare and affirm the ompanying schedules and stat	-	

FILED	Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme	
File DateFFB_ 0.7 2012	contained herein are true and correct.	01/02/2012
Check No. By MMC	Signature Demetrius D. Sampalis	Date
Bv:317/	Print or Type Name President	
FOR SECRETARY OF STATE USE ONLY	Title	Form 630 Rev. 08/08