



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

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

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

1. Entity ID No. <b>507286</b>		2. Exact name of the Corporation <b>F &amp; M Transfer Inc.</b>			
3. Principal office address <b>332 Elmwood Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	
4. Business Phone No. <b>(401)467-2115</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Ramon Morel</b>			Vice-President Name <b>Juan Fernandez</b>		
Street Address <b>101 Lexington Avenue</b>			Street Address <b>74 Cowesett Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Ramon Morel</b>			Treasurer Name <b>Juan Fernandez</b>		
Street Address <b>101 Lexington Avenue</b>			Street Address <b>74 Cowesett Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>N/A - close corporation</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	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.

File Date

Check No **FEB 13 2012**

By: **am 163304 1:28**

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.

**Ramon Morel** 02/13/2012  
Signature of Authorized Representative Date

**Ramon Morel President**

Print or Type Name of Authorized Representative