



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 **2010**

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. 507286		2. Exact name of the Corporation F & M Transfer Inc.					
3. Principal office address 332 Elmwood Avenue				City Providence	State RI	Zip 02902	
4. Business Phone No. (401)467-2115				5. State of Incorporation Rhode Island			
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 Ramon Morel				Vice-President Name Juan Fernandez			
Street Address 101 Lexington Avenue				Street Address 74 Cowesett Avenue			
City Providence	State RI	Zip 02907		City West Warwick	State RI	Zip 02893	
Secretary Name Ramon Morel				Treasurer Name Juan Fernandez			
Street Address 101 Lexington Avenue				Street Address 74 Cowesett Avenue			
City Providence	State RI	Zip 02907		City West Warwick	State RI	Zip 02893	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name N/A - close corporation				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	

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 CORPORATIONS DIV
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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 _____

Check No **FEB 13 2012**

By: **163304 1:28**

BY
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