

3. Street Address Principal Business

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

401.222.3040

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2. Name of Corporation

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.

4. Business Phone No. 401 - 944-1030 5. State of Incorporation	RT		
6. Brief Description of the Character of Business Conducted in Rhode Island	/\v -t-,		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN SPA	CES REPORT TICING ATT	A CIVILENING
President Name VINCENT T. MARANDOL	Vice President Name	A A A A A A A	ACHMENIS - 1 /
Street Address 2 2 16 C C C C	STEPHEN) M. MIARAI	VIOLA
State State	23 BET	TY POND R	?
Secretary Name RT 02920	City HOPE	State ZI	02831
Street Address Street Address	Treasurer Name VINCENT	J. MARAW	DOLA
107 SUNDALE RDI	Street Address 22 RV66	IERI PIRP	TE TE
State QI DIE CONSTON STATE OF THE DIRECTORS: ("X" BOX FOR AT.	CLAWSTON THE IN SE	Slate RECORE USING AT	2402920
UNCENT J. MARAWDOLA	Director Name	PACES BEFORE USING AT	NDOLA
22 RUGGIERI CIRPLE	Street Address OFT	Y PONTO R	\mathcal{D}
CHANSTON SLAVE RIS 02920	HOPE	State RI	02831
Director Name ORIA DIA 5	Director Name		
Street Address CONDALE RD	Street Address		
CRANSTON State RI Zip 02920	City	State	Zip
9. SHARES AUTHORIZED OOO NO PAR VALUE	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the 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
This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of	d representative. If the corportrustee	oration is in the hands of a	receiver or trustee,
	That is a		
Ellen	including any accompa	ry, I declare and affirm that I having schedules and statemen	have examined this report, its, and that all statements
File Date	contained herein are to	ie and correct.	1-17
Check No. FEB 22 2012	Signature		Date
\\a_2	Print or Type Name	NCENT J. J	MIARANDOL
FOR SECRETARY OF STATE USE ONLY	TRES	<i>.</i>	
	Title		Form 630 Rev. 08/08