

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

3 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 · FA			ARCH 31 WILL RES	BULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.	2. Exact name	2. Exact name of the Corporation				
23013	Russ	No Aura	Same	r-,		
スプソしユ 3. Principal office address	111055	OS AUTO	City 1	State	7in	
, .					Zip	
519 DYFK AVENUE 4. Business Phone No.			CRANSTOR 5. State of Incorporal		02720	
6. Brief description of the character of business conducted in Rhode Island						
6. Bilei description of the chara	icter of business o	conducted in Hnode Island	1			
7. LIST ALL OFFICERS (NAM	ES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
President Name	LEO AND ADDITE	SSEST X SOXTOITA	Vice-President Name			
ROBERT RUSSO			ROBERT RUSSO			
Street Address			Street Address			
2 ALUBONDY	RUN		2 ASHBRO	OK RUN		
2 ASHBROOK	State	Zip	City	State	Zip	
EAST GREENWK	H RI	03818	EAST GREEN		02818	
Secretary Name	H	D3012	Treasurer Name	WICH NI	02818	
	: A			1660		
ROBERT RUSSO			RDBERT RUSSO Street Address			
0			2 AS HBROOK RO			
2 ASHBROOK	State	7:-			i ma	
CIIV EAST GREENWIK	State Ri	Zip 028 8	City	State	Zip	
			EAST GREEN	WICH RI	02864	
8. LIST ALL DIRECTORS (NA Director Name	MES AND ADDR	ESSES) ("X" BOX FOR				
			Director Name			
ROBERT RUSSO						
Street Address			Street Address			
2 ASHBROOK	KON					
City	State	Zip	City	State	Zip	
EAST GREENWK	H RI	03818			}	
Director Name			Director Name			
Street Address			Charles Address			
Street Address			Street Address			
City	Ctata	7:-	Cit			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10 0114550 100	- / - /		
5. SHARES AUTHORIZED				CLASS/SERIES		
This information is currently	of repord in the (Office of the Contains	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			600	COMMON	NO PAR	
See Section 9 of instruction s			600	00114010	DO THIS	
This report must be executed o	or bo nal of the co	orporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trustee.	
₹ ₹ ₹	This report must	be executed on behalf of	the corporation by the r	eceiver or trustee		
			Under penalty of p	erjury, I declare and affi	rm that I have examined	
File Date <u>F[3 2 2 2012</u>			this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.			
Check No			and that all statem	ents contained herein a	re true and correct.	
C) a			Xal. 1	1 sente	2/201	
ву: 831 0			Signature of Author	ized Representative	Date	
			_	•	Date	
FOR SECRETARY OF STATE USE ONLY			ROBERT RUSSO			
			Print or Type Name of Authorized Representative			