State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.*

1. Corporate ID No.	2. Name of Corporation			
743791	FAIRWAYS OF LIFE, INC.			
3. Street Address Principal Business Office		City	State	Zip
40 TAMARACK CIRCLE		NORTH KINGSTOWN	RI	02852
4. Business Phone No.	5. State of Incorporation			
401-667-0574	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
CONSULTING - BOOK PUBLISHING				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
MATTHEW E. ADAMS			DONNA J. ADAMS		
Street Address			Street Address		
40 TAMARACK CIRCLE			40 TAMARACK CIRCLE		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	RI	02852
Secretary Name			Treasurer Name		
MATTHEW E. ADAMS			DONNA J. ADAMS		
Street Address			Street Address		
40 TAMARACK CIRCLE			40 TAMARACK CIRCLE		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
None					
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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200 Shares	Common	No Par Value
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED
File Date FEB 2 8 2012
Check No. 1007
By BY
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature *Date* 2/26/12

MATTHEW E. ADAMS
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08