



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. 11859		2. Exact name of the Corporation SIXTY FOUR FIFTY FOUR INVESTMENTS CO.,INC.			
3. Principal office address 6454 Post Road		City No. Kingstown	State RI	Zip 02852	
4. Business Phone No. (401) 884-4100		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To purchase, contract to purchase real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KURTIS PHILLIPS		Vice-President Name DANA S. PHILLIPS			
Street Address 635 ST. REGIS LANE		Street Address 98 SYCAMORE LANE			
City ALPHARETTA	State GA.	Zip 30022	City NO. KINGSTOWN	State R.I.	Zip 02874
Secretary Name DANA S. PHILLIPS		Treasurer Name BEVERLY J. EVERSON			
Street Address 98 SYCAMORE LANE		Street Address 99 JOHN SCOTT LANE			
City NO. KINGSTOWN	State R.I.	Zip 02874	City NO. KINGSTOWN	State R.I.	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BEVERLY J. EVERSON		Director Name DANA S. PHILLIPS			
Street Address 99 JOHN SCOTT LANE		Street Address 98 SYCAMORE LANE			
City NO. KINGSTOWN	State R.I.	Zip 02852	City NO. KINGSTOWN	State R.I.	Zip 02874
Director Name KURTIS PHILLIPS		Director Name			
Street Address 635 ST. REGIS LANE		Street Address			
City ALPHARETTA	State GA.	Zip 30022	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	common	no par	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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
MAR 01 2012

Check No
102

By
[Signature]

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.

[Signature] 2/28/12
 Signature of Authorized Representative Date

Beverly J. Everson, Treasurer

Print or Type Name of Authorized Representative