

## 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.

PROFIT CORD					2012
PROFIT CORPORTION OF THE PROFIT CORPORTION OF	- March 1 · This	report must be typ	ed or printed legible	y.	
Filing Fee: \$50.00 • FAII  . Entity ID No.	LURE TO FILE TI 2. Exact name of		ARCH 31 WILL RES	ULT IN A \$25.00 PE	NALTY FEE.
9342		•	Co., Inc.		
. Principal office address	1 rene	1109119	<u> </u>		···· <b>I</b> —
6 Main St.			North King	stown State RI	Zip 02852
4. Business Phone No.			15. State of Incorporation		
. Brief description of the charac	ter of business cond	lucted in Rhode Island	Rhode -	Island	
^		and Rento	•		
LIST ALL OFFICERS (NAME	S AND ADDRESS	S) ("X" BOX FOR AT			
President Name Edward French			Vice-President Name		
Street Address			Delia Monar de French Street Address		
Francisco de Cuellar 451-3			Francisco de Cuellar 451-3		
Monterrico Lima 33	State	Zip	Monterrico, Li	i State	Zip J
Secretary Name Laura C. French			Treasurer Name' Sandra French		
Street Address			Street Address		
179 Fairway Dr.			6 Main St. Unit D		
Vorth Kingstown	State R	02852	North Kings	town State RI	12852 102852
I. LIST <u>ALL.</u> DIRECTORS (NAM Director Name	MES AND ADDRESS	SES) ("X" BOX FOR	ATTACHMENT)  Director Name		
Edward French			Sandra French		
Street Address		1-3	Street Address		
Citv	vellar 45 Istate	Zip	6 Main St	- Unit D	<del> </del>
Monterrico, Lima 32	Peru		North Kings		02852
Delia Monar de French			Director Name		
Street Address			LAUVA TV	erich	
Francisco de C	V	1-3	179 Fairu	vay Dr.	
Monterrico Lima 33	State	Zip	City Kinast	State R I	<sup>Zip</sup> 0285 <i>2</i>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
his information is currently of f State. Changes require an ac	f record in the Offic aditional fillno.	ce of the Secretary	None		
ee Section 9 of instruction sh		a			
This report must be executed or			d representative. If the	cornoration is in the han	ds of a receiver or trueton
-	this report must be	executed on behalf of	the corporation by the re	eceiver or trustee.	
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No		MAR 0 6 2012	and that all stateme	ents contained herein a	are true and correct.
Ву:	RV .	5149	Signature of Authori	zed Representativo	U2/29/2c
FOR SECRETARY OF STATE	USE ONLY	_ ' / /		RA J. FRE	= N/ H
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Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative