



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

A. Ralph Molits, 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3906		2. Name of Corporation THE CENTRE COURT, INC.	
3. Street Address Principal Business Office 55 HOSPITAL ROAD		City EAST PROVIDENCE	State RI
		Zip 02915	
4. Business Phone No. 401-437-1210	5. State of Incorporation RHODE ISLAND		

Character of Business Conducted in Rhode Island

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

President Name REBECCA QUATTROCCHI			Vice President Name NONE		
Street Address 55 HOSPITAL ROAD			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Secretary Name JONNA POLSKY			Treasurer Name REBECCA QUATTROCCHI		
Street Address 55 HOSPITAL ROAD			Street Address 55 HOSPITAL ROAD		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915

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

Director Name REBECCA QUATTROCCHI			Director Name		
Street Address 55 HOSPITAL ROAD			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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**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
300	COMMON	NO PAR VALUE

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 13 2012

Check No. By 166114

By: KMC

FOR SECRETARY OF STATE USE ONLY

3:47

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.

Rebecca Quattrocchi 3-1-12  
Signature Date

**REBECCA QUATTROCCHI**  
Print or Type Name

**PRESIDENT**  
Title