

## 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 \_

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.

3. Principal office address 2010 Mineral Spring Avenue 4. Business Phone No. (401) 232-1300 6. Brief description of the character of THE OPERATION OF A FOCULTY President Name Frank DiBiase, Jr. Street Address 2010 Mineral Spring Avenue City North Providence Secretary Name Frank DiBiase, Jr. Street Address Street Address	business cond		City North Providence 5. State of Incorporati		State RI	Zip <b>0291</b>		
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President Name Frank DiBiase, Jr. Street Address 2010 Mineral Spring Avenue City Stat North Providence Secretary Name Frank DiBiase, Jr. Street Address 2010 Mineral Spring Avenue City Stat North Providence RI  Stat North Providence RI  A LISTALL DIRECTORS (NAMES A Director Name None			LISHMENT					
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2010 Mineral Spring Avenue City Stat North Providence RI Secretary Name Frank DiBiase, Jr. Street Address 2010 Mineral Spring Avenue City Stat North Providence RI  ALL DIRECTORS (NAMES A) Director Name None	Frank DiBiase, Jr.			Vice-President Name Frank DiBiase, Jr.				
North Providence Secretary Name Frank DiBiase, Jr. Street Address 2010 Mineral Spring Avenue City North Providence RI RUSTALL DIRECTORS (NAMES A Director Name None	)		Street Address 2010 Mineral Sp	ring Ave	nue			
Frank DiBiase, Jr.  Street Address 2010 Mineral Spring Avenue City Stat North Providence RI  BLISTALL DIRECTORS (NAMES A Director Name None	e	Zip <b>02911</b>			State <b>RI</b>	Zip <b>02911</b>		
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9. SHARES AUTHORIZED			10. SHARES ISSUE	XFEOX	FORAFIACI			
			NUMBER OF SHARES	CLASS/SE	RIES	PAR VALUE		
This information is currently of reco of State. Changes require an additio See Section 9 of instruction sheet,		ce of the Secretary	200	С	ommon	\$.01		
This report must be executed on behi	alf of the corpo	ration by an authorize	d representative_II the	eerporation	is in the hand:	s of a receive	r or truste	
this n	eport must be	executed on behalf of	the corporation by the r	eceiver of the	rustee. clare and affir	rm that I hav	e examin	
Program		FILED	this report, includi and that all statem	ents contai	ned herein ar	re true ahd c	orrect.	
			Signature of Author	ized Repres	sentative		2/02/201 Date	
atony en arky or arky english	UNLT 730	AR 28 2012 67452	Frank DiBiase	, Jr.				
Form No. 630 Revised: 01/2012	Zan , days in temporary		rint or Type Name	A A A A b a ! -		ative		