

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

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

Filing Fee: \$50.00 • 1	FAILURE TO FI	LE THIS REPORT BY N	IARCH 31 WILL RES	ULT IN A \$25.00 PENA	LTY FEE.
1. Entity ID No.	2. Exact na	ne of the Corporation			
89144	Fina	ETKINI T	_ 		
3. Principal office address	1 1752	7) 1\1~a 4/	City	State _	17:
9090 M 4. Business Phone No.	DIN RA	•	Tirenta	/ PI	Zip
4. Business Phone No.			5. State of Incorporat	ion	02878
1. Entity ID No. 2. Exact name of the Corporation 89144 3. Principal office address 9090 4. Business Phone No. 401-624-9393 6. Brief description of the character of business conducted in Rhode Island TO OWN 10901P 1 Purchase, Sell 1 Charter			Rhode Island		
6. Brief description of the cha	aracter of busines	s conducted in Rhode Island	1 / noac	4-5/2NA	
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Richard Robert Walz			None		
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Secretary Name			Treasurer Name		
Richard Robert Wals				Robert Wa	1-
Street Address			Street Address	DODER! LOJ	<i></i>
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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
			NONE		
			110/0	_	
This report must be executed	d on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hande	of a receiver or tructor
	this report mu	st be executed on behalf of	the corporation by the n	aceiver or trustee	or a receiver of trustee,

and report must be executed on be	enant of the corporation by the receiver or trustee.
	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.
D	Signature of Authorized Representative Date
2012	Richard Robert Walz
Form No. 630 Revised: 01/2012	Print or Type Name of Authorized Representative