



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 133468		2. Name of Corporation Proposition, Ltd.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 555 Thames Street		City Newport RI	Zip 02840
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rodney M. Propp			Vice President Name		
Street Address 405 Park Avenue			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name L Michael Cantor			Director Name Mark Ein		
Street Address 1250 24th Street NW			Street Address 509 7th Street NW		
City Washington	State DC	Zip 20037	City Washington	State DC	Zip 20004
Director Name Rodney M. Propp			Director Name		
Street Address 405 Park Avenue			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Maritime Corporate Management, LLC			Address		
Address 555 Thames Street			City Newport RI	Zip 02840	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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APR 09 2012

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 of Officer
Rodney M. Propp
Print or Type Name of Officer
President
Title of Officer

Form 631 Rev. 12/06