



AMENDED
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

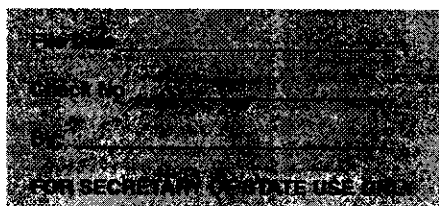
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.

1. Entity ID No. 3907		2. Exact name of the Corporation CENTREDALE INVESTMENT COMPANY		
3. Principal office address 1364 Smith Street		City North Providence	State RI	Zip 02911
4. Business Phone No. (401) 353-0300		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Loans and Finance				
7. OFFICERS AND DIRECTORS (CHECK BOX FOR ATTACHMENT)				
President Name Edward L. Maggiacomo		Vice-President Name Edward L. Maggiacomo		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
Secretary Name Edward L. Maggiacomo		Treasurer Name Edward L. Maggiacomo		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
8. ALL DIRECTORS' NAMES AND ADDRESSES (CHECK BOX FOR ATTACHMENT)				
Director Name Edward L. Maggiacomo		Director Name		
Street Address same as above		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED (CHECK BOX FOR ATTACHMENT)				
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
		400.00	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.



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.

FILED

Signature of Authorized Representative

Date

Edward L. Maggiacom, President

Print or Type Name of Authorized Representative

BY CL 173625
9:29

JUN 27 2012