RI SOS Filing Number: 201294330790 Date: 06/27/2012 4:00 PM

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.	2. Exact name of the Corporation
3907	**CENTREDALE INVESTMENT COMPANY**

3. Principal office address	City	State	Zip
1364 Smith Street	**North Providence**	**RI**	**02911**

4. Business Phone No.	5. State of Incorporation
(401) 353-0300	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Loans and Finance

President Name	Vice-President Name
Edward L. Maggiacomo	**Edward L. Maggiacomo**
Street Address: **same as above**	Street Address: **same as above**
City / State / Zip	City / State / Zip
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 / Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 JUN 27 AM 9:29

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (IF BOX FOR ATTACHMENT)

Director Name	Director Name
Edward L. Maggiacomo	
Street Address: **same as above**	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED (IF 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.

FOR SECRETARY OF STATE USE ONLY

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 6/18/12

Edward L. Maggiacom, President
Print or Type Name of Authorized Representative

JUN 27 2012

BY CL173625
9:29

Form No. 630
Revised: 01/2012

79817-2-745749