



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 156391		2. Name of Corporation C-SQUARED DEVELOPMENT INC			
3. Street Address Principal Business Office PO BOX 253		City SAUNDERSTOWN		State RI	Zip 02874
4. Business Phone No. 401-295-2107		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRISTOPHER G. COLBY			Vice President Name CHRISTINE L. COLBY		
Street Address 195 FLEETWOOD DR			Street Address 195 FLEETWOOD DR		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name CHRISTINE L. COLBY			Treasurer Name CHRISTOPHER G. COLBY		
Street Address 195 FLEETWOOD DR			Street Address 195 FLEETWOOD DR		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CHRISTOPHER G. COLBY			Director Name CHRISTINE L. COLBY		
Street Address 195 FLEETWOOD DR			Street Address 195 FLEETWOOD DR		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" 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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series A	Par Value 0.01

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.

FILED

JUL 06 2012

CA 174337

File Date _____ BY _____

Check No. _____

By: _____

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.

Signature

Date

CHRISTOPHER G. COLBY

Print or Type Name

PRESIDENT

Title