



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

A. Ralph Molits, 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)(4)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|-------------|---|------------------------|---------------------|
| 1. Corporate ID No. 70442 | | 2. Name of Corporation A-1 Mobile Homes, Inc. | | |
| 3. Street Address Principal Business Office 35 Columbus Avenue | | City Columbus Avenue | State RI | Zip 02860 |
| 4. Business Phone No. | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island trailer park rentals | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Peter J. Grundy | | Vice President Name James R. Grundy | | |
| Street Address 40 Tingley Drive | | Street Address 38 Azalea Road 131 Shady Cove Rd | | |
| City Cumberland | State RI | Zip 02864 | City Narragansett | State RI |
| Secretary Name Jean Vitali | | Treasurer Name Jean Vitali | | |
| Street Address 43 Langdon Avenue | | Street Address As Above | | |
| City Pawtucket | State RI | Zip 02861 | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Peter J. Grundy | | Director Name James R. Grundy | | |
| Street Address As Above | | Street Address As Above | | |
| City | State | Zip | City | State |
| Director Name Jean Vitali | | Director Name None | | |
| Street Address As Above | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 MUST BE COMPLETED | | |
| | | Number of Shares 150 | Class/Series Common | Par Value No par |
| | | | | |

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 09 2012

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File Date _____
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: Jean Vitali Date: 6-1-12
Print or Type Name: Jean Vitali
Title: Secretary