

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

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAIL	URE TO FILE TH	HIS REPORT BY MA	ARCH 31 WILL RESULT	T IN A \$25.00 PENA	LTY FEE.
1. Entity ID No.	2. Exact name of		. ^	1	, ,
515671	Brown	1 & Post	ter beind	romat.	LLC
3. Principal office address 769 Broad 31			Providen	Ce RT	o 2907
4. Business Phone No.			5. State of Incorporation	Ø ¬	
6. Brief description of the charact	ter of business cond) lucted in Rhode Island	<u> </u>	<u> </u>	
agel		Ce laure	droma t		
7. LIST ALL OFFICERS (NAME	S AND ADDRESSE	ES) ("X" BOX FOR AT			Topogramme Company
President Name Lim			Vice-President Name		
Street Address 152 EAST HIV DY			Street Address		
Cranston	State J	02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
	1=:	E	4.	·.	
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAM	IES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)		· · · · · · · · · · · · · · · · · · ·
Director Name			Director Name		•
Street Address			Street Address		
were water to the state of the					
City .	State	Zip	City	State	Zip
Director Name	i	1	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("	X" BOX FOR ATTACH	
**************************************	4 d (1/2 - O44)	the Country	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently o of State. Changes require an a		ce of the Secretary	ν,		
See Section 9 of instruction sh	eet.				
This report must be executed or			ed representative. If the corp the corporation by the rece		of a receiver or trustee,
	Alle Serve				m that I have examined chedules and statements,
File Date		FILED	and that all statement	scontained herein ar	e true and correct.
Check No		LILED			8,26,
Ву:	Δ	UG 2 8 2012	Signature of Authorize	d Representative	Date
FOR SECRETARY OF STATE	and the second of the second	4/18	JIMM		this co
Form No. 630 Revised: 01/2012	57	// 0	Print or Type Name of	Authorized Representa	u.vc