

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 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	<u></u>	0 = 1					
Enuty ID No.		2. Exact name of	•				
130(019	Jacki	e Remin	gton - Ste	ewart I	nC	
3. Principal office address				City	PROV State R	Zip	
4. Business Phone No.				5. State of Incorporat	YZOV F	1 00911	
401-374-4959				5. State of Incorporat	de Island		
			ducted in Rhode Island		<u>uc 1010 0</u>	~ 177	
Real	Estate	Hit s	e abstr	acting		3 99	
7. LIST ALL OF	TCERS (NAMES	AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT)		APAS AE MESS	
President Name CKIE Stewart				Vice-President Name	8		
Street Address 1336 Smith ST				Street Address	3		
NProc)	State	02911	City	State	Zip C	
Secretary Name				Treasurer Name			
Street Address				Ctroat Address			
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City		State	Zip	City	State	Zip S	
8. LIST ALL DIR	ECTORS (NAME	S AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT	ang a sa di sa ayan da da ayan		
Director Name	-			Director Name		6	
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City		State	Zip	City	State	Zip•	
Director Name				Director Name			
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9. SHARES AUTI	ORIZED		<u>Landa de la companya de la companya</u>	10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.						\mathcal{O}	
See Section 9 of	instruction shee	t.				- Y	
This report must l	he executed on h	ohalf of the come	- Sian 6 11 1				
The report mast,	thi	s report must be ϵ	racion by an authorized executed on behalf of .	d representative. If the c the corporation by the re	corporation is in the hands of	of a receiver or trustee,	
		*				that I have examined	
File Date Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements that all statements that all statements the statements the statements that all statements the statements the statements that all statements the statements that all statements the statements the statements that all statements the statements the statements the statement that all statements the statements the statement that all statements the statements the statements the statements the statement that all statements the statements the statements the statement that all statements the statements the statement that all statements the statements the statements the statement that all statements the statements the statements the statement that all statements the statements the statements the statements the statement that all statements the statements the statements the statement that all statements the statements the statements the statements the statement that the statements the statements the statements the statements the s							
Check No and that all statements contained herein are true and correct.							
By:	perdegi galar <u>Lida</u> san					11-1-12	
			NOV 2 8 201)	Date	
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Form No. 630 Revised: 01/2012		BY≴	10000	Serint or Type Name	of Authorized Representati	∕e	