



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 2013

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. 716288		2. Exact name of the Corporation MemeG's Pelletsling, Inc.					
3. Principal office address 34 Spring Street		City Johnston	State RI	Zip 02919			
4. Business Phone No. 401-368-1628		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island Manufacturing and sale of home heating equipment and supplies.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Gerald Authier <i>Gerald Authier</i>		Vice-President Name None <i>Pam Authier</i>					
Street Address 34 Spring Street		Street Address <i>34 Spring St</i>					
City Johnston	State RI	Zip 02919	City <i>Johnston</i>	State <i>RI</i>			
Secretary Name None		Treasurer Name Gerald Authier <i>Gerald Authier</i>					
Street Address		Street Address 34 Spring Street					
City	State	Zip	City Johnston	State RI			
			Zip 02919				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City	State			
			Zip				
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City	State			
			Zip				
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.							
					NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
					200	common	none

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

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.

Gerald Authier 1-10-2013
Signature of Authorized Representative Date
Gerald Authier
Print or Type Name of Authorized Representative

Ch # 4858
Ch # 2560