

1. Entity ID No.

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

2013 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

2. Exact name of the Corporation

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

110036	Menso	n & Associates, II	nc.		
3. Principal office address 7 Poplar Street 4. Business Phone No. 401 847 6320			City Newport	State RI	Zip 02840
			5. State of Incorporation Rhode Island		
6. Brief description of the cha To act as a consulta Federal and Europea	nt to FDA reg	ulated companies for		nd infrastructure s	ystems for both U.S
WILL STATE OF THE					
President Name Robert C. Menson			Vice-President Name Robert C. Menson		
Street Address 7 Poplar Street			Street Address 7 Poplar Street		
City Newport	State RI	Zip 02840	City State RI		Zip 02840
Secretary Name Robert C. Menson			Treasurer Name Robert C. Menson		
Street Address 7 Poplar Street			Street Address 7 Poplar Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
	M. IES ATOMO	HESES (OCCUPANT)	Africa i Malarini L ake	i i i i i i i i i i i i i i i i i i i	Color Trust
Director Name NONE			Director Name		
Street Address	-		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				(PANTEO PORTANTO	
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
			1000	CNP	\$0.00
This report must be execute	ed on behalf of the this report mu	corporation by an authorize	I ed representative. If the c the corporation by the re	corporation is in the han	ds of a receiver or trustee,
				erium I doolers and at	floor About I barra arra-1-



JAN 1 8 2013

Men Son Signature of Authorized Representative

Date

mnc 2h + 600

Print or Type Name of Authorized Representative

this report, including any accompanying schedules and statements,

and that all statements contained herein are true and correct.

Form No. 630 Revised: 01/2012