



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.<br><u>67147</u>   |           | 2. Exact name of the Corporation<br><u>VERTICAL ASSOCIATES CO.</u> |                   |   |                    |                     |  |
| 3. Principal office address<br><u>124 BROAD STREET</u>   |           |  |                   | City<br><u>PAWUCICKET</u>   | State<br><u>RI</u> | Zip<br><u>02860</u> |  |
| 4. Business Phone No.<br><u>401-729-6000</u>   |           |  |                   | 5. State of Incorporation   |                    |                     |  |
| 6. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE INVESTMENT.</u>  |           |  |                   |   |                    |                     |  |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |           |  |                   |   |                    |                     |  |
| President Name<br><u>JACOB PERL</u>  |           |  |                   | Vice-President Name<br><u>TIN LAI WONG</u>                          |                    |                     |  |
| Street Address<br><u>35 RUE DE LYON 07512 PARIS, FRANCE</u>  |           |  |                   | Street Address<br><u>903 PROVIDENCE PLACE, APT #453</u>             |                    |                     |  |
| City   | State     | Zip  | City              | State   | Zip                |                     |  |
|  |           |  | <u>PROVIDENCE</u> | <u>RZ</u>   | <u>02903</u>       |                     |  |
| Secretary Name   |           |  |                   | Treasurer Name  |                    |                     |  |
| Street Address   |           |  |                   | Street Address  |                    |                     |  |
| City   | State     | Zip  | City              | State   | Zip                |                     |  |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |           |  |                   |   |                    |                     |  |
| Director Name<br><u>JACOB PERL</u>   |           |  |                   | Director Name   |                    |                     |  |
| Street Address<br><u>35 RUE DE LYON 07512 PARIS, FRANCE</u>  |           |  |                   | Street Address  |                    |                     |  |
| City   | State     | Zip  | City              | State   | Zip                |                     |  |
| Director Name<br><u>TIN LAI WONG</u>   |           |  |                   | Director Name   |                    |                     |  |
| Street Address<br><u>903 PROVIDENCE PLACE, APT #453</u>  |           |  |                   | Street Address  |                    |                     |  |
| City   | State     | Zip  | City              | State   | Zip                |                     |  |
| <u>PROV</u>  | <u>RZ</u> | <u>02903</u>   |                   |   |                    |                     |  |
| 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           |  |
|  |           |  |                   | <u>600</u>  | <u>COMMON</u>      | <u>\$1. /</u>       |  |

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: \_\_\_\_\_

**FILED**  
**JAN 23 2013**

BY 1029

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 of Authorized Representative [Signature] Date 1/15/13

TIN LAI WONG

Print or Type Name of Authorized Representative

VZCE - PRESIDENT