

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 _

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 RESUL

1. Entity ID No.	2. Exact nar	me of the Corporation	MANUEL NE	SULI IN A \$25.00 PEN	ALTY FEE.
00054/	687 GOLD	en Delive	ry Inc.	L	
3. Principal office add	County Ri	24.0	City The	10 State 7 Attion Phoof Islaw	7in
4. Business Phone No	covery ki	AD	Smithice	10 KA	02917
4. Business Phone No.	164-0565	-	5. State of Incorpora	ation 7	
6. Brief description of	the character of business	s conducted in Rhode Islan		NOE ISLAU	<u>()</u>
SMALL PACE	LUCE DELIVER	4			
7: LIST ALL OFFICE	RS (NAMES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT)		his con and the
KAGMOND GOLDEN			Vice-President Name Johnna (ALABRO		
Street Address 226 0 COUNTY ROAD			Sheet Address		
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SMITHFIE	10 State [1]	C. 2ip 02917	City	State	- Zip 02919
Secretary Name	1	10-1.1	Treasprer Name	ON 1/4	02919
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2260LO County RoxD			Street Address		
City	-0 COUNTY 1/20		1226 OLD	COUNTY KDA	Λ
SMITHFIELL	State	- Zip 02917	City	State)	Zip
		RESSES) ("X" BOX FOR	-MILLE	$\frac{11}{K}$	Zip 02917
Director Name	(ITTOOLS) (. V. BOX LOH	Director Name	"是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我们就是这个人,我	
			Director Name		
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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
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This report must be exe	ecuted on behalf of the co	proposition has authorized be extend to behalf of	.l d representative .H+b	appropriate to the state of the	
	this report must	be executed to behalf of	the corporation by the re	orporation is in the hands eceiver or trustee.	of a receiver or trustee,
File Date			A GOOT DENGIN OF DE	riiini doclose e re	
TO THE PARTY OF THE		JAN 3 0 2013	and that all stateme	g any accompanying so nts contained herein are	n that I have examined hedules and statements,
Check No				A A A	true and correct.
By:		MNC	1 aynowl	Golden	1/29/13
FOR SECRETARY OF	STATE USE ONLY	7111	- Outmandre of Authoriz	red Representative	Date
orm No. 630	The second of	N# 2435	Print or Francisco	GOLDEN	
evised: 01/2012		" ") /)	rant or type Name o	of Authorized Representat	ive