

## 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<br>Attion<br>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                         |  |  |
| 1 Cit∨ <sub>e</sub>   | 164.  | 7  | 16 MATh                               | EWSON STRE   | ET   |
| SMITHFIE  | 10 State [1]  | C. 2ip 02917   | City                                  | State  | - Zip 02919                                    |
| Secretary Name  | 1   | 10-1.1   | Treasprer Name                        | ON 1/4   | 02919  |
| 1 (Aymow)   | D GOLDEW  |  | [Aumous                               | Adre 1   |  |
| 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                         | <b>"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</b>   |  |
|   | <del></del>   |  | Director Name                         |  |  |
| Street Address  | · · · · · · · · · · · · · · · · · · ·                                       |  | Street Address                        |  |  |
| City  | State   | 1-1  |                                       |  |  |
| O Ny  | State   | Zíp  | City                                  | State  | Zip  |
| Director Name   |   |  | Director Name                         |  | _   '  |
|   |   |  | Director Name                         |  |  |
| Street Address  |   |  | Street Address                        |  |  |
| - itu   |   |  |                                       |  |  |
| City  | State   | Zip  | City                                  | State  | Zip  |
| SHARES AUTHORIZ   | ED ESTABLISHED SAN  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  | ·  |
|   | I. S. 1872-1872-19-18 Sept. 1875-19-18-18-18-18-18-18-18-18-18-18-18-18-18- |  | 10. SHARES ISSUED                     | ("X" BOX FOR ATTACH  | MENT)  |
| 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                                      |
|   |   |  | 1,000.00                              |  | \$6,01   |
|   | -   |  | <del>/</del>                          |  |  |
| This report must be exe   | ecuted on behalf of the co  | proposition has authorized<br>be extend to behalf of | .l<br>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<br>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 <b>3 0</b> 2013                                  | and that all stateme                  | g any accompanying so<br>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   | <b></b>  |
| evised: 01/2012   |   | " " ) / )  | rant or type Name o                   | of Authorized Representat  | ive  |