

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.

1. Entity ID No.		ne of the Corporation				
62777	CONLE	Y GROUP, INC.				
3. Principal office address 21 Powder Hill Road			City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-475-4445			5. State of Incorporation RI			
		conducted in Rhode Island ufacturing companies				
ALISTAL TOPRICERS (N	ames and addr	esses)to weoxieoriat	TACHMENT) ***		建设建设性证据	
esident Name Iohn F. Conley			Vice-President Name Jack McCarthy			
Street Address 21 Powder Hill Road			Street Address 21 Powder Hill Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Secretary Name John F. Conley	•		Treasurer Name Jack McCarthy		I	
Street Address 21 Powder Hill Road	<u> </u>		Street Address 21 Powder Hill	Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
	NAMES AND ADD	RESSES) ("X" BOX FOR /	NTTACHMENT)			
Director Name John W. Conley			Director Name			
Street Address 4391 Bonita Bay Blv	d. Unit 2101		Street Address			
^{City} Bonita Springs	State FL	Zip 34134	City	State	Zip	
Director Name	I		Director Name			
Street Address			Street Address		<u> </u>	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	aži patrija čia se se se aid		10. SHARES ISSUED	("X" BOX FOR ATTACHM		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is current of State. Changes require	an additional filin		680	Common Series A	No Par	
See Section 9 of instruction	n sheet.		1040	Common Series B	No Par	
	and any front all of the		danaga and discount of the	corporation is in the hands o		

File Date	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedul and that all statements contained herein are true	es and statements,
Check No	JAN 3 1 2013		1/15/13
	9186	Signature of Authorized Representative	Date /
FOR SECRETARY OF STATE USE ONLY	· · · · · · · · · · · · · · · · · · ·	John F. Conley, President	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative