

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 • F		LE THIS REPORT BY More of the Corporation	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
60877 (NO)	AS	TEP UP,	INC.			
3. Principal office address 88 Crompton Road				State RI	Zip 02818	
4. Business Phone No. (401)823-7837			5. State of Incorporation Rhode Island			
5. Brief description of the cha TO HOLD, MANAGE						
THUS PAULOFFICERS (NA	MES AND ADDE	(ESSES) (WXWBOX(FORTA	TACHMENT)			
President Name Debra M. Ficazzola			Vice-President Name Diana S. Delsesto			
Street Address 133 South Road				Street Address 416 Camp Westwood Road		
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827	
Secretary Name Debra M. Ficazzola	· · · · · · · · · · · · · · · · · · ·		Treasurer Name Diana S. Delsesto			
Street Address 133 South Road				Street Address 416 Camp Westwood Road		
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827	
B. LIST ALL DIRECTORS (N	AMES AND ADE	RESSES) ("X" BOX FOR			TUSS II USOPERE SPECIA SPECIA	
Director Name Debra M. Ficazzola			Director Name Diana S. Delsesto			
Street Address 133 South Road			Street Address 416 Camp Westwood Road			
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827	
Director Name			Director Name		1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
S SHARES AUTHORIZED				("X" BOX FOR ATTACH	IMENT)	
This information to assurant	4 4 1 . 4	- 641	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		100	Common	No Par Value		
This report must be executed		corporation by an authorize ist be executed on behalf of			s of a receiver or trustee,	

	FILED	Under penalty of perjury, I declare and affirm that I hav this report, including any accompanying schedules an and that all statements contained herein are true and contained the statements.	d statements,
	FEB 0 4 2013	Signature of Authorized Représentative	1/24/13 Date
FOR SECRETARY OF STATE USE ONLY	~ 1001111	Debra M. Ficazzola, President	

Form No. 630 Revised: 01/2012

Print er Type Name of Authorized Representative