

## 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.ni.gov ~ Website: www.sos.ni.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2013

JACKVON

Print or Type Name of Authorized Representative

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. 2. Exact name of the Corporation						
112117 Premier Properties, Inc.						
3. Principal office address	0		Cumberia		State	Zip
a68 Scott	a68 Scott KOAO				KI	102869
4. Business Phone No.	01/11		5. State of Incorporation			
401 - 333	-0009		Rhope ISLAND			
6. Brief description of the character of business conducted in Rhode Island  Purchase Rehabilitation and Sales Of Properties Auchase and Sales of Used Auto's.  7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name  Vice-President Name						
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LINDA A. JACKVONY Street Address			Brian Jackvony  Street Address			
268 Scott ROAD			268 Scott KOAD			
CUMBERLAND	Rol.	Zip 02864	Cumbiciano	)	State P.I.	21p 02864
Secretary Name  - NONE -			Treasurer Name			
Street Address			- NONE -			
			Street Address			
City	State	Zip	City		State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
Director Name  — NONE —			Director Name  - NONE -			
Street Address			Street Address			
					State	Zip
City	State	Zip	City			<del>ζ.</del> μ
Director Name	State  ONL _	Zip	City  Director Name			
Director Name		Zip			ONE	
Director Name  — (V)  Street Address		Zip	Director Name			
Director Name — N		Zip Zip	Director Name	<u> </u>		Zip
Director Name  — (V)  Street Address  City	one_		Director Name Street Address	<u> </u>	ONE	
Director Name  — (V)  Street Address	one_		Director Name Street Address	- 12	ON L State	Zip
Director Name  - (V)  Street Address  City  9. SHARES AUTHORIZED	ONL _	Zip	Director Name Street Address City	- 12	ONE State	Zip
Director Name  Street Address  City  SHARES AUTHORIZED  This information is currently of of State. Changes require an ad	State  State  record in the Office ditional filing.	Zip	Director Name Street Address City 10. SHARES ISSUED (**)	\rangle	ONE State	Zip   ENT)
Director Name  Street Address  City  SHARES AUTHORIZED  This information is currently of	State  State  record in the Office ditional filing.	Zip ee of the Secretary	Director Name  Street Address  City  10. SHARES ISSUED (**  NUMBER OF SHARES	\rangle	ONE State	Zip   ENT)
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an ad See Section 9 of instruction she  This report must be executed on	State  State  record in the Offic ditional filing. set.  200 NO behalf of the corpo	zip  e of the Secretary  PAR VALUE  ration by an authorized	Director Name  Street Address  City  10. SHARES ISSUED (** NUMBER OF SHARES  (VONC)	"X" BOX F	ONE State OR ATTACHM	Zip ENT)  PAR VALUE
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an ad See Section 9 of instruction she  This report must be executed on	State  State  record in the Offic ditional filing. set.  200 NO behalf of the corpo	PAR VALUE ration by an authorized executed on behalf of the second control of the second	Director Name  Street Address  City  10. SHARES ISSUED (** NUMBER OF SHARES  (VONC)  Trepresentative. If the confine corporation by the reco	"X" BOX F CLASS/SEF	State  State  FOR ATTACHMIES  in the hands of stee.	Zip ENT)  PAR VALUE  a receiver or trustee,
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an ad See Section 9 of instruction she  This report must be executed on	State  State  record in the Offic ditional filing. set.  200 NO behalf of the corpo	zip  e of the Secretary  PAR VALUE  ration by an authorized	Director Name  Street Address  City  10. SHARES ISSUED (** NUMBER OF SHARES  Trepresentative. If the control to corporation by the recombe corporation by th	"X" BOX F CLASS/SEF	State  State  OR ATTACHMILES  In the hands of stee.  are and affirm mpanying sche	Zip ENT)  PAR VALUE  a receiver or trustee, that I have examined tollies and statements.
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an ad See Section 9 of instruction she  This report must be executed on	State  State  record in the Office ditional filing.  set.  200 NC  behalf of the corporation for the corpo	Zip  e of the Secretary  PAR VAUE  ration by an authorized executed on behalf of the FILED	Director Name  Street Address  City  10. SHARES ISSUED (**  NUMBER OF SHARES  Trepresentative. If the confine corporation by the recomposition by the recomp	TX" BOX F CLASS/SEF	State  COR ATTACHMIES  In the hands of stee.  are and affirm mpanying scheed herein are to the steet of the s	Zip  ENT)  PAR VALUE  Fa receiver or trustee, that I have examined bedules and statements, rue and correct.
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an ad See Section 9 of instruction she  This report must be executed on	State  State  record in the Office ditional filing.  set.  200 NC  behalf of the corporation for the corpo	PAR VALUE ration by an authorized executed on behalf of the FILED	Director Name  Street Address  City  10. SHARES ISSUED (** NUMBER OF SHARES  Trepresentative. If the control to corporation by the recombe corporation by th	"X" BOX F CLASS/SEF  Trooration is eiver or tru ury, I decl any accounts contain	State  State  COR ATTACHMINES  Sin the hands of stee.  are and affirm mpanying scheed herein are to the core of th	Zip  ENT)  PAR VALUE  Fa receiver or trustee, that I have examined bedules and statements, rue and correct.

FINDA

Form No. 630 Revised: 01/2012

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