

## 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						
Filing Fee: \$50.00 • FAIL			ARCH 31 WILL RESU	LT IN A \$25.0	0 PENALT	Y FEE.
1. Entity ID No.	2. Exact name of t	the Corporation				
88315	GIEN	Hills R	COUTY C	Orp.		
3. Principal office address	EN HIL	LO DV	City CRAW	State	RI	2ip 0 2920
4. Business Phone No.	1666		5. State of Incorporation	η		
6. Brief description of the charact	er of business cond E HOLO, H	ucted in Rhode Island	/ = = . =		<del>/</del>	opment
7. LIST ALL OFFICERS (NAME	S AND ADDRESSE	S) ("X" BOX FOR AT		t y same a same		ales (de regiones és
President Name  KOVIN T. M	Vice-President Name	Vice-President Name LANY T. MALLOY				
33 Green wich WAY			Street Address / WEST Exchange			
City W. WAYW	State	Zip 0 2893	City Prove	State	RI	Zip 07903
Secretary Name THOWAS F. MALLOY			Treasurer Name KENYY ANN MALLOY			
Street Address 34 PEVEWHIAL DY.			Street Address Glen How Dr.			
City	State	Zip 0 2 9 2 D	City Craw.	State	RI	Zip O as a O
8. LIST ALL DIRECTORS (NAM	ES AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT)	a roll case to the		
Director Name  Orw K. Acetu			Director Name  Aris MALLOY			
EVW K. AC	eto			MAL	PCT.	
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Street Address 7 LINDS AY	LANE	Zip 0 29 21	Street Address		LOY VCI	
Street Address  City  City  Director Name	LANE	Zip	Street Address TAI			Zip 2 8 3 1
Street Address City CYAN Director Name CAY Street Address  West 54	LANE	Zip	CHYUS Street Address City Director Name KHUS Street Address	State	2112	
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Street Address  City  Ci	LANE State I MALLOY Change	Zip 29 31	CHYUS Street Address TAI City Hope Director Name KAUS Street Address 33 GV-6	State  T. M.  Clawic  State	ET ALD LW ET	218 9833 218 9833
Street Address  City  Craw  Director Name  CAM  Street Address  City  Prov  9. SHARES AUTHORIZED	State T State T Sharp Sharp State PJ	Zip 0 29 21 Zip 0 2903	CHYUS Street Address GA City Director Name KAU Street Address 33 GV-6 City W. WAY	State  T. M.  Clawic  State	ALD LW ET	218 9833 218 9833
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Street Address  City  City  Street Address  City  Director Name  CAM To Manager Address  City  9. SHARES AUTHORIZED  This information is currently of of State. Changes require an address  This report must be executed on	State T  State T  State T  Change  State T  record in the Office ditional filling. set.  behalf of the corpor	Zip 0 39 31  Zip 0 39 03  e of the Secretary  ation by an authorized	City Pe Director Name ETIN Street Address 33 GV-6 City W. WAVV 10. SHARES ISSUED ( NUMBER OF SHARES  Trepresentative. If the co	State  T. M.  CLAWIC  State  "X" BOX FOR A  CLASS/SERIES  NOA  rporation is in th	ALD LW ATTACHME	2 3 3 1
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Form No. 630 Revised: 01/2012