

1. Corporate ID No.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2. Name of Corporation

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00.

| 12957 | UNCLE | MATTY'S TROE | PICAL GARDENS, I | NC. | |
|--|---|---------------------------|--|---|---|
| 3. Street Address Principal Business Office 62 Taunton Avenue 4. Business Phone No. 5. State of Incorporation | | East Providence | State R I | 02914 | |
| 4. Business Phone No. | | 5. State of Incorporation | | | |
| 6. Brief Description of the Character | 35 | RHODE | SLAND | | • |
| | | | | | |
| 7. NAMES AND ADDRESSES | PLANTS OF THE OFFICERS | · ("X" ROX FOR ATT | ACHMENT) [] FILL IN SPACE | EC DEFORM MANAGE | |
| President Name | or min of the land. | . (A DON TOR ATTE | Vice President Name | ES BEFORE USING | ATTACHMENTS |
| MARTIN R. SIRAVO | | | MARTIN R. SIRAVO | | |
| Street Address | | | Sireet Address | | |
| P.O. Box 451 | | | P.O. Box 451 | | |
| Сиу | State | Zip | City | State | Zip |
| Newport Secretary Name | .lRI | .J02840 | | RI | 02840 |
| | | | : | DAMO | |
| MARTIN R. SIRAVO Street Address | | | MARTIN R. SIRAVO Street Address | | |
| P.O. Box 451 | | | P.O. Box 451 | | |
| City | State | Zip | City | State | Zip |
| Newport | RI | 02840 | Newport (ACHMENT) FILL IN SPA | RT | 02≊840 co |
| 8. NAMES AND ADDRESSES Director Name | OF THE DIRECTOR | S: ("X" BOX FOR AT | TACHMENT T FILL IN SPA | ces bëfore usin | G ATTACE ENTS |
| MARTIN R. SIR | AVO | | Director Name | | 교 충설 |
| Street Address | | | Street Address | | <u> </u> |
| P.O. Box 451 | | | | | 22 A |
| City | State | Zip | City | State | <i>Zip</i> -0 ○○○ |
| Newport | lRI | 0.2840 | | | 1 H M M M M M M M M M M M M M M M M M M |
| Director Name | | | Director Name | *************************************** | 2 6 <u>5</u> |
| Street Address | · | | | | |
| · | | | Street Address | | Φ m |
| City | State | Zip | City | State | Zip |
| | | | | | Z.ip |
| 9. shares authorized 500 | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | |
| | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| 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 |
| | | | 500 | 00111011 | 770 71- |
| | | | 500 | COMMON | NO PAR |
| | | | | | |
| This report must be executed a | on behalf of the corne | oration by an authorize | d representative. If the corpora | tion is in the head | |
| this report must be executed o | n behalf of the corpo | ration by the receiver of | or trustee. | mon is in the hands | of a receiver or trustee, |
| | • | - | | | |
| | | | | | |
| | | | Under penalty of periury | I declare and affirm th | at I have examined this report. |
| | | | including any accompany | ing schedules and stat | ements, and that all statements |
| Eti (| | | contained hereig are true | and Correct. | |
| File Date | | | V/ na | | ~ |
| Check No | | | Signature | | Date |
| FEB 2 | 2 2013 , | | <u>MARTIN R. S</u> | SIRAVO | |
| By Pr / 4/ | 4コマ/ | , | Print or Type Name | | |
| | ') / J ' | | | | |
| FOR SECRETARY OF STATE | E USE ONLY | | Procident | | |