

## 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.

		ILE THIS REPORT BY N	MANUTI ST WILL KES	ULI IN A \$25.00 PENA	ALITEE.
1. Entity ID No. 000293958		me of the Corporation  c Incorporated			
000293936	T.C.III I	se meorporateu			
3. Principal office address 99 Windsong Road			City Cumberland	State RI	Zip <b>02864</b>
4. Business Phone No. 401 640-3015			5. State of Incorporation  Rhode Island		
S. Brief description of the char All Lawful Purposes	acter of busines	s conducted in Rhode Island	d		
LISTALL OFFICERS (NA	MES AND ADD	HESSES) (WXWEGX FOR A	T/ACHMENT)		
President Name Ronald Matthews			Vice-President Name Ronald Matthews		
Street Address 99 Windsong Road			Street Address 99 Windsong Road		
city Cumberland	State <b>RI</b>	Zip <b>02864</b>	City Cumberland	State <b>RI</b>	Zip <b>02864</b>
Secretary Name Ronald Matthews			Treasurer Name Ronald Matthews		
Street Address 99 Windsong Road			Street Address 99 Windsong Road		
ity Cumberland	State RI	Zip <b>02864</b>	City Cumberland	State RI	Zip <b>02864</b>
LIST ALL POINEOTORS (N	AMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)		
Pirector Name Ronald Matthews			Director Name		
treet Address 99 Windsong Road			Street Address		
ity Cumberland	State RI	Zip <b>02864</b>	City	State	Zíp
irector Name			Director Name		
Street Address			Street Address		
ity	State	Zip	City	State	Zìp
SHARES AUTHORIZED			IO SHARES ISSUED	("X" BOX FOR ATTACH	MENTAL TABLES AND SA
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
his information is currently of record in the Office of the Secretary  f State. Changes require an additional filing.  ee Section 9 of instruction sheet.			1	Common	No Par
e dection 3 of histraction 5	oneet.				
his report must be executed		corporation by an authorize st be executed on behalf of			of a receiver or trustee,
ilebajo		FILED	this report, including	rjury, I declare and affirm g any accompanying sc	hedules and statement
Check No	e successión. National substitution	MAR 0 1 2013	and that all statemen	nts contained herein are	true and correct. 02/27/2013
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of Authoriz	ed Representative	Date
OR SECRETARY OF STAT	E USE OBY_	2853	Ronald Matthey	ws - President	
His of the state o	ia, etalettati. 📆		Print or Tune Name of	of Authorized Representat	iva

Form No. 630 Revised: 01/2012