



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 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119908		2. Exact name of the Corporation ARD Holdings, Inc.			
3. Principal office address 647 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-943-0200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a business for the purpose of acquiring, developing, owning, leasing, mortgaging, operating and disposing of real estate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Anthony R. DiFanti			Vice-President Name None		
Street Address 647 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Anthony R. DiFanti			Treasurer Name Anthony R. DiFanti		
Street Address 647 Oaklawn Avenue			Street Address 647 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anthony R. DiFanti			Director Name		
Street Address 647 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 11 2013

By MNC

CR # 8376

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Anthony R. DiFanti 2-25/2013
Signature of Authorized Representative Date

Anthony R. DiFanti, President

Print or Type Name of Authorized Representative