



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. 15953		2. Exact name of the Corporation MEADOWBROOK ENTERPRISES, INC.			
3. Principal office address 133 Old Tower Hill Road, Ste. 1		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 789-0217		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Importation and Distribution					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Heinz Grotzke			Vice-President Name Michael Grotzke		
Street Address Feldstrape C-18586 Ostseebad			Street Address 203 Shore Drive		
City Gohren Germany	State	Zip	City Mashpee	State MA	Zip 02649
Secretary Name Michael Grotzke			Treasurer Name Heinz Grotzke		
Street Address 203 Shore Drive			Street Address Feldstrape C-18586 Ostseebad		
City Mashpee	State MA	Zip 02649	City Gohren German	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
			60	COMMON	NO PAR

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: _____

FILED

MAR 11 2013

FOR SECRETARY OF STATE USE ONLY

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.

Heinz Grotzke 3/4/13
 Signature of Authorized Representative Date

Heinz Grotzke, President

Print or Type Name of Authorized Representative

By *mnc*
CH #3032