



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

FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAR 11 2013**

Form No. 630  
Revised: 01/2012

By: mnc

CH #3032

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.

Signature of Authorized Representative

**Heinz Grotzke, President**

Print or Type Name of Authorized Representative

3/4/13  
Date