

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

| Filing Fee: \$50.00 · FAI | LURE TO FILE T | HIS REPORT BY M | ARCH 31 WILL RES | ,. ULT IN A \$25.00 PENA | LTY FEE. | |
|---|---|-----------------------|---------------------------------------|---|------------------------|--|
| 1. Entity ID No. | 2. Exact name of | the Corporation | | | | |
| 000 163 131 | Lan | y Brown | LTD. | | • | |
| 3. Principal office address 84 Fou evant | , | / | City Middle Ton | State | Zip 028 U2 | |
| 4. Business Phone No. | | | 5. State of Incorporation | on i | 0000 | |
| 1 401-862-5 | 733 | | Klode - | Island | | |
| 6. Brief description of the character of business conducted in Rhode Island | | | | | | |
| Piano | Sales o | and other | related MUST | ic Services | | |
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| President Name | | | Vice-President Name | | | |
| Larry Brown | | | LAMY BLOWN | | | |
| Street Address Bovlevar | 1 | | Street Address / 5a/ | ne | | |
| City Middle Town | State | 02842 | City | State | Zip | |
| Secretary Name | | | Treasurer Name | Λ | | |
| Larry Hrau | | Larry | Krown | | | |
| Street Address / | • | | Street Address | | | |
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| o, | | | | 1 | [| |
| Director Name | | <u> </u> | Director Name | | | |
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| | _ | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. | | | 100 | C. | 1/2 //20 | |
| | | | 100 | COMMON | IVO Par | |
| See Section 9 of instruction she | ret, | | | | | |
| 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. | | | | | | |
| | | | Under penalty of pe | rjury, I declare and affin | n that I have examined | |

| Trap. 20 M. | FILED | 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. | | | |
|--|--------------|--|--|--|--|
| er en er | MAR 1 8 2013 | Signature of Authorized Representative Date | | | |
| The Mark Mark Committee of the Committee | BV 18 22 | Print or Type Name of Authorized Representative | | | |
| Form No. 630 Revised: 01/2012 | | Colored | | | |