

## 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.

1. Entity ID No.	1	2. Exact name of the Corporation					
675596	MIBIT	Capital Holding C	J Co.				
3. Principal office address 3675 South Rainbo		07-400	City Las Vegas	State NV	Zip <b>89144</b>		
4. Business Phone No.			5. State of Incorporation Nevada				
•		s conducted in Rhode Island					
To own, invest in a	and manage pro	pperty, as well as eng	jage in any other le	gal activity			
ALIST ALL OFFICERS	(NAMES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)				
esident Name Michael Integlia, Jr.			Vice-President Name Michael Integlia III				
Street Address 220 South Main St	reet		Street Address 220 South Main	Street			
City Providence	State RI	Zip <b>02903</b>	City Providence	State RI	Zip <b>02903</b>		
Secretary Name <b>Kenneth Proto</b>	•		Treasurer Name Brendon Integlia	3			
Street Address 220 South Main St	treet		Street Address 220 South Main	Street	50		
City Providence	State RI	Zip <b>02903</b>	City Providence	State <b>RI</b>	102903		
	S (NAMES AND ADD	RESSES) ("X" BOX FOR		10至10至10至10至10年			
Michael Integlia, Ji	rector Name Nichael Integlia, Jr.			Director Name Michael Integlia III			
Street Address 220 South Main St	reet		Street Address		DAYS		
Dity Providence	State RI	Zip <b>02903</b>	City Providence	State RI	ZP? DE		
irector Name Kenneth Proto			Director Name Brendon Integlia				
treet Address 220 South Main St	reet		Street Address 220 South Main	Street			
City Providence	State RI	Zip <b>02903</b>	City Providence	State RI	Zip <b>02903</b>		
SHARES AUTHORIZE	D		10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)		
his information is successive	male at second to the	044	NUMBER OF SHARES CLASS/SERIES PAR VALUE  75,000 NoPar		PAR VALUE		
i State. Changes requires ee Section 9 of instruct	e an additional filin	e Office of the Secretary g.					

File Date	<b>FILED</b> 833	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true a	s and statements
Check No			03/25/2013
By:  FOR SECRETARY OF STATE USE ONLY	MAR <b>27</b> 2013	Signature of Authorized Representative Michael Integlia III	Date
	- 22/22	Print or Type Name of Authorized Representative	

Form No. 630 Revised: 01/2012 By R 193671