

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.

		ILE THIS REPORT BY	MARCH 31 WILL RE	SULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation				
81708	ECLIP	SE DESIGN, INC.				
3. Principal office address 844 SMITHFIELD AVENUE			City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401-455-8505			5. State of Incorporation RHODE ISLAND			
	ALL AND SERV	ss conducted in Rhode Islar ICE IN AND ABOVE		OR SPRINKLER & IF	RRIGATION	
		RESSES) ("X" BOX FOR A	Savie Medica - Roman			
President Name ANTHONY F. PAOLA			Vice-President Name ROBIN PAOLA			
Street Address 844 SMITHFIELD AVENUE			Street Address 844 SMITHFIELD AVENUE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865	
Secretary Name ANTHONY F. PAOLA			Treasurer Name ROBIN PAOLA			
Street Address 844 SMITHFIELD AVENUE			Street Address 844 SMITHFIELD AVENUE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865	
	S (NAMES AND ADE	RESSES) ("X" BOX FOR				
Director Name ANTHONY F. PAOLA			Director Name ROBIN PAOLA			
treet Address 844 SMITHFIELD A	VENUE		Street Address 844 SMITHFIEL	D AVENUE		
ity L INCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865	
irector Name			Director Name		-· <u> </u>	
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE	Debugas Grandala		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			300	COMMON	NO PAR VALUE	
This report must be execu	uted on behalf of the	corporation by an authorize st be executed on behalf of	od representative. If the co	corporation is in the hands	of a receiver or trustee,	
lle Date FILED Sheck No MAR 2 7 2013			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.			
						FOR SECRETARY OF STATE USE ONLY
rm No. 630			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012