



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 146061		2. Name of Corporation Easy RV Outlet Sales & Service, Inc.			
3. Street Address Principal Business Office 1416 Park Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 345-6359		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sale of recreational vehicles.					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Samuel S. Miller			Vice President Name		
Street Address 1414 Park Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Samuel S. Miller			Treasurer Name Samuel S. Miller		
Street Address 1414 Park Avenue			Street Address 1414 Park Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name			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
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED					
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 100	Class/Series Common	Par Value No Par Value	
THIS SECTION MUST BE COMPLETED					

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.

FOR SECRETARY OF STATE USE ONLY

**FILED**  
APR 08 2013  
2622

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.

Samuel S. Miller 3/8/2013  
Signature Date  
Samuel S. Miller  
PRINT or Type Name  
President  
Title