

Form No. 630 Revised: 01/2012

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 ______ O / 3 Filing Period: January 1 - March 1 • This report must be desired.

Filing Period: January 1 Filing Fee: \$50.00 • FAIL		• • • • • • • • • • • • • • • • • • • •	• •	T IN A \$25.00 P	ENALTY FEE	Ξ .		
1. Entity ID No.	2. Exact name of	the Corporation	Δ					
93952	6201	341 CAB	EL + PKG City E. Green	I	NC.			
3. Principal office address 5/BAY	iew A	verve	City E. Green	WICH State	I Zip	281	F	
4. Business Phone No. / 401 885-3343			5. State of incorporation					
6. Brief description of the character					<u> </u>			
10 OWN +	OPERA	Te A bu	SIMSS TO	sen 1	ACKAY	ING 1	Matter	4
1. LIST ALL OFFICERS (NAME:	S AND ADDRESSE	S) ("X" BOX FOR AT	ACHMENT)	engahinta in ng natatana Tanan mga pagalang			sist caption	
President Name Bogo IAN			Vice-President Name					
Street Address BAY View AVENUE			Street Address					
E. Greenwich	State 7	202518	City	State	Zip			
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip		20	^
8. LIST <u>ALL</u> DIRECTORS (NAMI	ES AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT)				B	1
Director Name			Director Name					
Street Address			Street Address &					
City	State	Zip	City	State	Zip	Z. H.	S	
Director Name	<u>'</u>		Director Name	L	,,	05	7/2	
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			10. SHARES ISSUED (*)	X" BOX FOR ATT	ACHMENT)			
This information is accommodity of		(1) - 0	NUMBER OF SHARES	CLASS/SERIES	PAR VAL	UE		
This information is currently of I of State. Changes require an add See Section 9 of instruction she	ditional filing.	e of the Secretary	INO HUNDRE	₽₽	$-\mathcal{N}$	10 NC	-	
This report must be executed on	hehalf of the cornor	ration by an authorized	representative if the corr	arction is in the b	ands of a rest			
the report must be excepted on the	his report must be e	executive an admonsed	ne corporation by the recei	iver or trustee.	anus or a recer	ver or trust	.ee,	
File Date			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.					
Check No	<u>ar saisean</u> (133) Ann Anns	NPR 2 3 2013	Swige	Bron	<u>~ </u>	1/2	<u>3/13</u>	
By: FOR SECRETARY OF STATE U	se o Man	<u>n</u>	Signature of Authorized	Representative	AN -	Date Page	iDenT	
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