



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 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>118866</u>		2. Exact name of the Corporation <u>Abraha Way, Inc</u>			
3. Principal office address <u>3900 NW 2nd Ave</u>		City <u>Miami</u>	State <u>FL</u>	Zip <u>33127</u>	
4. Business Phone No. <u>305-403-4225</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Rental Self Storage</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Michael Bromley</u>			Vice-President Name		
Street Address <u>3900 NW 2nd Ave</u>			Street Address		
City <u>Miami</u>	State <u>FL</u>	Zip <u>33127</u>	City	State	Zip
Secretary Name <u>Edmond Leidesdorf</u>			Treasurer Name		
Street Address <u>3900 NW 2nd Ave</u>			Street Address		
City <u>Miami</u>	State <u>FL</u>	Zip <u>33127</u>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>7500</u>	CLASS/SERIES <u>Comm</u>	PAR VALUE <u>\$1.00</u>

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.

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUL 26 2013

By 49-2026014 Michael Bromley

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.

Signature of Authorized Representative

Date

7/22/13

Print or Type Name of Authorized Representative

A.A. 10:58 A.M.

RECEIVED
2013 JUL 26 AM 10:58
SECRETARY OF STATE
CORPORATIONS DIV