RALPH MOIL	State of Rhode Is Office o	land and Provi of the Secretary		ns Fee: \$50.0
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Business Corpora Annual Report Filing Period: January 1				
	G.L. 7-1.2-1501(e), each ty (30) days after the time enalty fee of \$25.00.			
ANNUAL REPORT YE	AR: <u>2014</u>			
1. Corporate ID No.	<u>000101261</u>			
2. Name of Corporat	tion Drs. Stadelmann a	nd Gulino, Inc.		
3. Street Address Pri	ncipal Business Office:			
No. and Street: City or Town:	85 BEACH STREET WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
4. Business Phone No	0.			
401-596-0337				
5. State of Incorporat	tion			
State: <u>RI</u>				
	of the Character of Busi		in Rhode Island	
	sses of the Officers and			
All officers and dir	rectors must be listed. longer applicable; ple	If officers and/or	directors have beer	n elected, the title
Title		ual Name	Addı	
Title	First, Midd	ual Name le, Last, Suffix STADELMAN	Address, City or Town, S	State, Zip Code, Country

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	300.00	200
Signed this 3 Day of Janua <i>individuals signing this inst</i> <i>signatory, under penalties of</i> <i>act and deed of the corpora</i> <i>electronic filing, in complia</i> By <u>ROBERT STADELMA</u>	er or trustee. ary, 2014 at 12:02:08 rument constitutes th of perjury, that this in ution, and that the fac nce with R.I. Gen. La	PM. This electronic the affirmation or ackn estrument is that indivie to stated herein are the two § 7-1.2.	signature of the i owledgement of i idual's act and d	ndividual of the eed or the
Signature of Authorized F <u>PRESIDENT</u> Title	Representative of the C	Corporation		
PRESIDENT	-	-	the form and he/s	he is not
<u>PRESIDENT</u> Title This report cannot be ac	-	-	the form and he/s	she is not