

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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __

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

Filing Fee: \$50.00 · FAI	LURE TO FILE T	HIS REPORT BY M	ARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.						
1. Entity ID No.	2. Exact name of	the Corporation	- 1010								
107516	Ferf	+ ASS	oci Ates) Inc.							
3. Principal office address	Willi	AMS ST	City John	ton State R.I	Zip 2919	,					
4. Business Phone No.			5. State of Incorporati			**********					
6. Brief description of the charac	ter of business con	ducted in Rhode Island									
Tel: 4	0 - 5	78-1	976								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)											
President Name AR+	UR	FERA	Vice-President Name								
Street Address N. Willi Arms st			Street Address								
City Johnston	State I	Zip 29/9	City	State	Zip ———						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8. LIST ALL DIRECTORS (NAV	IES AND ADDRES	SES) ("X" BOX FOR A	TTACHMENT)								
Director Name			Director Name								
Street Address			Street Address SR PR								
City	State	Zip	City	State	Zip ORAR	8					
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip m						
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)											
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
		1000		0							
Sec Section 9 of matricular Sin	1000	NO PAR									
	this report must be		the corporation by the re	eceiver or trustee.							
			Under penalty of pe	rium I declare and affil	rm that I have examine	ч					

this report must be	e executed on behalf of th	he corporation by the receiver or trustee.		
File Date	FILED	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.		
By:	JAN 0 6 2014	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	214150	HRINUR FERA		
Form No. 620		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012

PRES.