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 2014

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.	2. Exact name of the Corporation		
153453	1871 Mineral Spring Corp.		
3. Principal office address: 383 SMITHFIELD AVENUE	City: PAWTUCKET	State: RI	Zip: 02860
4. Business Phone No.: 4017271380	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: TO ENGAGE IN ANY LAWFUL BUSINESS.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
GUIDO J. PETROSINELLI					
Street Address: 383 SMITHFIELD AVENUE			Street Address		
City: PAWTUCKET	State: RI	Zip: 02860	City	State	Zip
Secretary Name: GUIDO J. PETROSINELLI			Treasurer Name: GUIDO J. PETROSINELLI		
Street Address: 383 SMITHFIELD AVENUE			Street Address: 383 SMITHFIELD AVENUE		
City: PAWTUCKET	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
51	Class A	Common-Voting	$0.01
49	Class B	Common-Nonvoting	$0.01

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
JAN 08 2014
BY 9880

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

GUIDO J. PETROSINELLI
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
96068-11-889954