



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 2013

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. 000114956		2. Exact name of the Corporation A-1 SELF STORAGE INC.		
3. Principal office address 110 Seymour St.		City WARRICAN	State RI	Zip 02885
4. Business Phone No. 401-245-0330		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island SELF STORAGE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Brian W. Chabot		Vice-President Name TED Baker		
Street Address 30 Clark Rd.		Street Address 61 COTTAM HILL RD		
City Smithfield	State RI	Zip 02917	City WARRICAN	Zip 02885
Secretary Name TED Baker		Treasurer Name		
Street Address 61 COTTAM HILL RD		Street Address		
City WARRICAN	State RI	Zip 02885	City	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	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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	CLASS/SERIES	PAR VALUE
		1000	STK	0.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 JAN 30 PM 3:44

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.

FILED

File Date
 Check No
 By: **BY CW 216169**
FOR SECRETARY OF STATE USE ONLY

JAN 30 2014
3:44

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.

Brian W. Chabot **1/30/2014**
 Signature of Authorized Representative Date
Brian W. Chabot
 Print or Type Name of Authorized Representative