RI SOS Filing Number: 201435065660 Date: 02/04/2014 4:00 PM

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		
12017	**MONEYWATCH LTD**		
3. Principal office address: **400 Reservoir Avenue Suite 3L**	City: **Providence**	State: **RI**	Zip: **02907**
4. Business Phone No.: **(401) 941-2020**	5. State of Incorporation: **RHODE ISLAND**		

6. Brief description of the character of business conducted in Rhode Island
To provide services and products relating to personal and business financial consulting, including but not limited to the sale of real estate

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

President Name: **Anthony A. Coia**			Vice-President Name: **NONE**		
Street Address: **400 Reservoir Avenue Suite 3L**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02907**	City:	State:	Zip:
Secretary Name: **Beverly F. Coia**			Treasurer Name: **Anthony A. Coia**		
Street Address: **400 Reservoir Avenue Suite 3L**			Street Address: **400 Reservoir Avenue Suite 3L**		
City: **Providence**	State: **RI**	Zip: **02907**	City: **Providence**	State: **RI**	Zip: **02907**

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

Director Name: **Anthony A. Coia**			Director Name: **Beverly F. Coia**		
Street Address: **400 Reservoir Avenue Suite 3L**			Street Address: **400 Reservoir Avenue Suite 3L**		
City: **Providence**	State: **RI**	Zip: **02907**	City: **Providence**	State: **RI**	Zip: **02907**
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
20	NONE	NON E

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
FEB 04 2014
BY 1128

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.

Anthony Coia — 02/03/2014
Signature of Authorized Representative — Date

Anthony A. Coia, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

102429-4-940287