

## 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.

1. Entity ID No. <b>67337</b>	l l	ne of the Corporation state One, Ltd.				
3. Principal office address 1645 Warwick Avenue			City <b>Warwick</b>	State RI	Zip <b>02889</b>	
4. Business Phone No. <b>401-739-0110</b>			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Island tion and manageme				
ZEISTALL OFFICERS	NAMES AND ADDR	ESSEST #YT KOY FOR A	FACHMENT			
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT resident Name Diane Foley			Vice-President Name Nicholas Oneppo			
Street Address 1645 Warwick Avenue Suite 209		Street Address 1645 Warwick Avenue				
City <b>Warwick</b>	State RI	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
Secretary Name  Diane Foley			Treasurer Name George Avedis	sian		
Street Address 1645 Warwick Ave	enue		Street Address 1645 Warwick A	Avenue		
City Warwick	State RI	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Pirector Name <b>None</b>			Director Name			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
Pirector Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZE	HARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
ois information is currently of record in the Office of the Secretar State. Changes require an additional filing. See Section 9 of instruction sheet.			1,000	Common	No Par Value	

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No	FEB 0 4 2014	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	01 18	Diane M. Foley		
		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012