

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e I. Corporate ID No. 13460	2. Name of Corpo UNITEX, IN	ration	hirty (30) days after the time prescribed by la	v (R.1.G.L. 7-1.2-1501(c&d)) is subje	rct to a penalty fee of \$25.00.
3. Street Address Principal Busin	••		City	State	Zip
301 Promenade Str	reet		PROVIDENCE	RI	02908
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Chard SELLING, LIQUIDATIN	acter of Business Con G, AND PUBLIC	ducted in Rhode Island AUCTION OF MACHINER	RY, EQUIPMENT & SUPPLI	IES	
7. NAMES AND ADDRES	SES OF THE OF	ICERS ("X" BOX FOR ATTA	<i>(CHMENT)</i> [] FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Samuel Shapiro		The second secon	Vice President Name Samuel Shapiro		
Street Address			Street Address		
16 Anawan Street			- 16 Anawan Street		
City	State	Zip	City	State	Zip
Fall River	MA	02721	Fall River	MA	02721
Secretary Name			Treasurer Name		
Seth Shapiro			Seth Shapiro		
Street Address			Street Address	The second secon	The state of the s
16 Anawan Street			.16 Anawan Street		
City	State	Zip	City	State	Zip
Fall River	MA	02721	Fall River	MA	02721
8. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS:
Director Name			Director Name		
Samuel Shapiro			Seth Shapiro		
Street Address			Street Address	The state of the s	a compression of the compression
16 Anawan Street			16 Anawan Street		
City	State	Zip	City	State	Zip
Fall River	MA	02721	Fall River	MA	02721
Director Name	·		Director Name	**	
Street Address		a and a second of the second o	Street Address		and the second s
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT). 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES					
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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1,000 NO PAR VALUE			200	common	none
					*
his report must be executed on hehalf of the	corporation by an authoriz	ed representative If the corporation is in th	he hands of a receiver or trustee, this report n	nust he executed on behalf of the corp	poration by the receiver or trustee.
		FILED			
1 3 4		FEB 2 4 2014	Under penalty of perjury, this peport including any	I declare and affirm that I accompanying schedules	
13460 DBC 02/16/07 4	0.27.26 ALA =	ロー ハイグ		ntained herein are true and	
*13460 DBC 02/16/07 1	U.37:30 AMI" 5	「 //``	// 	//	•
File Date		.	(perspert / 9 a	Tue 2/12/14	L
Check No.			Samuel Shapiro	Dage	· · · · · · · · · · · · · · · · · · ·
		· /	Print of Type Name		
В <u>у:</u>		.	_		
FOR SECRETARY OF STATE U	JSE ONLY		President	<u></u>	
		1	Title		Form 630 12/05