

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

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00	· FAILURE TO FII	LE THIS REPORT BY	MARCH 31 WILL RE	SULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.		2. Exact name of the Corporation				
4230	17	-VLNKS	ERVICE S	Supply	MPANY, Inc	
3. Principal office address		/ NOCK D	City	State	7/12/7/4 / _L_F/C	
1204 8	(mum)	AVELLE	PROVIDER	NE RT	- m917	
4. Business Phone No.	11/10/00/	116/406	5. State of Incorpora	tion	- 0-101	
(401)781-644A			RhODE ISLAND			
6. Brief description of the c	haracter of business	conducted in Rhode Isla	nd			
`,		_				
LOCK	Smith .	SEDIVITES				
7. LIST ALL OFFICERS (I	/// // 	ESSES) ("X" BOX FOR	ATTACHMENT)		·····	
President Name	7		Vice-President Name	e //		
DUSAN (ROWELL			SUSAN (ROWELL			
Street Address		. 1	Street Address			
27 MET	ROPALITA	N AVENUE	27 11	ETROPOLITAN	V AVENUE	
City	State	Zip	City	State	Zip	
CRANSTON		- 02920	CRANST	ON KI	02720	
Secretary Name	1		Treasurer Name	1-	_	
SUSAN CROWELL			— <u>— — — — — — — — — — — — — — — — — — </u>	SUSAN (ROWELL		
Street Address	5m 1.7	211 11-115	Street Address	مسند مرسد	1 11 -11 -	
	TROPOLIT			ETROPOLITAL	V AVENUE	
City Constant	State 77-7	- Zip 1202 -	City	State	- ^{Zip} 12921	
8. LIST ALL DIRECTORS	(NAMES AND ADD	DECCEC /#Y" DOV FOR	ATTACUMENTS D	ON AL	- 102/20	
Director Name	(INDIA)	HESSES/(X BUX FOR	Director Name			
	KANF -		Director Hame	- NONE-		
Street Address	YUIVE		Street Address	140146		
City	State	Zip	City	State	Zip	
Director Name			Director Name			
- NONE -			-NONE-			
Street Address			Street Address	-		
O.F.		T=:				
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			40.000.000			
S. SHARES AUTHORIZED	:		NUMBER OF SHARES	D ("X" BOX FOR ATTACE		
This information is curren	tiv of record in the	Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
of State. Changes require	an additional filing		600	5/	NOPAR	
See Section 9 of Instruction	n sheet.		660 0			
This report must be execut	ed on behalf of the o	corporation by an authoriz It be executed on behalf o	ed representative. If the	corporation is in the hand:	s of a receiver or trustee,	
	ino ropore mus	. Do oncouled on bendii o		receiver or trustee. perjury, I declare and affit	rm that I have evenined	
File Date	-	FILED	this report, includi	ing any accompanying s	chedules and statements,	
		FILED	and that all statem	ents contained herein a	re true and correct.	
Check No			1. 200	(man)	2/12/10	
By:		FEB 75 2014	Signature of Author	kized Representative	01/0/19	
				7	Date	
FOR SECRETARY OF ST	ATE USE ONLY	BY 29070	_)USAN	CROWELL		
N- COO	·	-	Frint or Type Name	of Authorized Representa	ative	

Revised: 01/2012