



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.

SECRETARY OF STATE
 CORPORATIONS DIV
 2014 FEB 26 PM 2:27

1. Entity ID No. 21599		2. Exact name of the Corporation PRE-AMBLE, INC.			
3. Principal office address 40 GILBERT STUART DRIVE			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 401-742-4552 4552		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MANAGEMENT AND RENTAL OF REAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRED LUCHESI, JR.			Vice-President Name ROBERT DICKSON		
Street Address 40 GILBERT STUART DRIVE			Street Address 40 GILBERT STUART DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name FRED LUCHESI, JR.			Treasurer Name FRED LUCHESI, JR.		
Street Address 40 GILBERT STUART DRIVE			Street Address 40 GILBERT STUART DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	
600		COMMON		NO PAR	

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 _____

FILED 2:27 pm

Check No _____

FEB 26 2014

By: _____

218395

FOR SECRETARY OF STATE USE ONLY

By

KM

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.

Fred Luchesi, Jr. 2/14/14
 Signature of Authorized Representative Date

FRED LUCHESI, JR., PRESIDENT

Print or Type Name of Authorized Representative