



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. 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

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SECRETARY OF STATE
CORPORATIONS DIV

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

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FEB 26 2014

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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