

## 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

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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

A.A.

1. Entity ID No.	1	me of the Corporation			
47706	STS, Ir	IC.			
3. Principal office address 106 Cowesset Green Drive			City Warwick	State <b>Ri</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 884-3388</b>			5. State of Incorporation Rhode Island		
<ol> <li>Brief description of the cha Temporary Engineer</li> </ol>			j		
temperary Engineer	mg and best	gii 00171003			
. LIST ALL OFFICERS (N	MES AND ADDI	RESSES) ("X" BOX FOR A			
President Name Richard J. Barry, III			Vice-President Name Jeffrey J. Casey		
Street Address 106 Cowesset Green Drive			Street Address 17 Orchard Lane		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Duxbury</b>	State MA	Zip <b>02332</b>
Secretary Name Sandra Matrone Mack			Treasurer Name Richard J. Barry, III		
Street Address 301 Promenade Street			Street Address 106 Cowesset Green Drive		
ity Providence	State RI	Zip <b>02908</b>	City <b>Warwick</b>	State RI	Zip <b>02886</b>
. LIST <u>ALL</u> DIRECTORS (N	NAMES AND ADI	DRESSES) ("X" BOX FOR			
Director Name Richard J. Barry, III			Director Name Jeffrey J. Casey		
Street Address 106 Cowesset Green Drive			Street Address 17 Orchard Lane		
eity <b>Warwick</b>	State RI	Zip <b>02886</b>	City <b>Duxbury</b>	State MA	Zip J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
irector Name			Director Name		NS IN
Street Address			Street Address 25		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT) 🗌
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			800	Common	No Par
This report must be executed		corporation by an authorize ist be executed on behalf of	•	•	of a receiver or trustee,
File Date			Under penalty of pe this report, including	erjury, I declare and affir ng any accompanying so ents contained herein ar	chedules and statemen
Check No		Ell en	Sand )	1. / N/I.	
Ву:	· · · · · · · · · · · · · · · · · · ·	FILED	Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY FEB 27 2014			Sandra Matrone Mack Print or Type Name of Authorized Representative		
orm No. 630 evised: 01/2012	BuH	9-218562	Print or Type Name	of Authorized Representa	uve