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 2013

Hime Boriod: January 1	- March 1 • This repo	rt must be typed or	printed legibly.	IAI TY FFF			
iling Fee: \$50.00 • FA 1. Entity ID No.		E TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation					
	Garadan B	C A	sensiates Inc				
000793620		roctor & A	ssociates, Inc.	Sta	ite Zip		
3. Principal office address 7825 Wiltshire Drive			Dublin	OI	43016		
			5. State of Incorporation				
4. Business Phone No.			· ·	OH			
6. Brief description of	the character of busines	s conducted in Rhod	le Island				
		NECCES / WY BOY	EOD ATTACHMENT				
	RS (NAMES AND ADDE	(ESSES) (A BUA	Vice-President Name				
President Name			V100-1 100100111 1101110	Vice-) resident ramo			
Street Address	Street Address			Street Address			
City	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
O LISTALL SUPECT	ORS/NAMES AND AD	DRESSES) ("X" BO	X FOR ATTACHMENT)		·		
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		

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.

500

NUMBER OF SHARES

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

CLASS/SERIES

PAR VALUE

1

File Date	riled	Under penalty of perjury, I declare and affirr this report, including any accompanying sc and that all statements contained herein are	hedules and statement
Check No	MAR 0 3 2014	And that all statements contained never and	
Ву:,	550	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY		Gordon Proctor	
N- C20		Print or Type Name of Authorized Representat	ive

Form No. 630 Revised: 01/2012

9. SHARES AUTHORIZED

of State. Changes require an additional filing.

See Section 9 of instruction sheet.

This information is currently of record in the Office of the Secretary