RI SOS Filing Number: 201436731140 Date: 03/03/2014 4:00 PM

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.	2. Exact name of the Corporation
111498	SHABREKA CORP.

3. Principal office address	City	State	Zip
1200 MAIN STREET	WEST WARWICK	RI	02893

4. Business Phone No.	5. State of Incorporation
821-8872	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island

DEAL IN REAL PROPERTY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MARK D. BOYER	1200 MAIN STREET	WEST WARWICK	RI	02893

Vice-President Name	Street Address	City	State	Zip
KENNETH R. BOYER	1200 MAIN STREET	WEST WARWICK	RI	02893

Secretary Name	Street Address	City	State	Zip
KIMBERLY ANN BOOKBINDER	1200 MAIN STREET	WEST WARWICK	RI	02893

Treasurer Name	Street Address	City	State	Zip
KIMBERLY ANN BOOKBINDER	1200 MAIN STREET	WEST WARWICK	RI	02893

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MARK D. BOYER	1200 MAIN STREET	WEST WARWICK	RI	02893

Director Name	Street Address	City	State	Zip
KIMBERLY ANN BOOKBINDER	1200 MAIN STREET	WEST WARWICK	RI	02893

Director Name	Street Address	City	State	Zip
KENNETH R. BOYER	1200 MAIN STREET	WEST WARWICK	RI	02893

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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 filing. See Section 9 of instruction sheet.	100	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.

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.

2/27/14
Signature of Authorized Representative — Date

MARK D. BOYER
Print or Type Name of Authorized Representative

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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BY 81

Form No. 630
Revised: 01/2013

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