



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 567045		2. Name of Corporation EQUITY RESOURCES, INC.			
3. Street Address Principal Business Office 3 LAKECREST CIRCLE			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-823-1890		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS PLANNING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN J. LEMAY			Vice President Name NICOLE M. LEMAY		
Street Address 3 LAKECREST CIRCLE			Street Address 3 LAKECREST CIRCLE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name NICOLE M. LEMAY			Treasurer Name KEVIN J. LEMAY		
Street Address 3 LAKECREST CIRCLE			Street Address 3 LAKECREST CIRCLE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KEVIN J LEMAY			Director Name NICOLE M. LEMAY		
Street Address 3 LAKECREST CIRCLE			Street Address 3 LAKECREST CIRCLE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 2000	Class/Series COMMON	Par Value 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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 11 2014

BY

1636

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.

Signature

Date

KEVIN J LEMAY

Print or Type Name

PRESIDENT

Title