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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
7682	TLA TRUST, INC

3. Principal office address	City	State	Zip
c/o T.L. ARNOLD/24 HUNTERS HARBOR RD	CHARLESTOWN	RI	02813

4. Business Phone No.	5. State of Incorporation
401 364-0658	RI

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

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

President Name	Street Address	City	State	Zip
T.L. ARNOLD, JR	24 HUNTERS HARBOR ROAD	CHARLESTOWN	RI	02813

Vice-President Name	Street Address	City	State	Zip
HALLIDAY KING	36 BELINSKI CIRCLE	OXFORD	CT	06478

Secretary Name	Street Address	City	State	Zip
T.L. ARNOLD III	340 LIBERTY SQUARE ROAD	BOXBOROUGH	MA	01719

Treasurer Name	Street Address	City	State	Zip
T.L. ARNOLD, JR	24 HUNTERS HARBOR ROAD	CHARLESTOWN	RI	02813

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

Director Name	Street Address	City	State	Zip
T.L. ARNOLD, JR	24 HUNTERS HARBOR ROAD	CHARLESTOWN	RI	02813
T.L. ARNOLD III	340 LIBERTY SQUARE ROAD	BOXBOROUGH	MA	01719

Director Name	Street Address	City	State	Zip
HALLIDAY KING	36 BELINSKI CIRCLE	OXFORD	CT	06478
- NONE -	-	-	-	-

9. SHARES AUTHORIZED

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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	NONE	NO PAR VALUE

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 2014
BY 4468

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.

T.L. Arnold, Jr. 2/26/2014
Signature of Authorized Representative Date

T.L. ARNOLD, JR
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103529-67-950624