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FOR SECRETARY OF STATE USE ONLY

By:

## 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 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. 2. Exact name of the Corporation 1. Entity ID No. 10et 8 State 3. Principal office address 02905 109 4. Business Phone No. 401-467-3510 6. Brief description of the character of business conducted in Rhode Island 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name Street Address Zip City 02865 Emest Street Address 0 State Zip 02857 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip State City State Zip City Director Name Director Name Street Address Street Address State Zip City State Zip City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED CLASS/SERIES NUMBER OF SHARES This information is currently of record in the Office of the Secretary no par value of State. Changes require an additional filing. Commov 10,000 See Section 9 of instruction sheet. 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 hereing true and correct. File Date FILED -Wil

MAR 63 2014

Signature of Authorized Representative

Print or Type Name of Authorized Representative

Date