

## 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  Filling Period: January 1 - March 1 - This report must be typed or printed legibly. Filling Pees: \$50.00 - FALURE 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  1. Entity ID No.  3. Principal office address 4 10 014 Coach Road  City March 1 - This report must be state of business conducted in Phode Island  Norse Boarding Forculty  7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Promotion Name  Street Address  City State  Director Name  Street Address  City State  City St	PROFIT CORPO	PRATION A	ANNUAL RE	PORT FOR TH	IE YEAR	2014	
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 of Authorized Representative of Corporation of Authorized Representative of Corporation of Authorized Representative of Authorized Representat	Filing Period: January 1	- March 1 · This	report must be typ	ped or printed legibly.			
3. Principal office address 410 Old Coach Road  Charlestoun KI Zp Charlestoun HI Zp	Filing Fee: \$50.00 · FAIL	URE TO FILE T	HIS REPORT BY M	ARCH 31 WILL RESU	LT IN A \$25.00 PEN	ALTY FEE.	
4. Business Phone No.  1. State of the character of business conducted in Rihode Island  1. No RSE BOARD ADDRESSES) ("X" BOX FOR ATTACHMENT)  7. LIST ALL OFFICER (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Precident Name    Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President Name   Vice President	1. Entity ID No.	2. Exact name of	the Corporation				
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A. Business interests in the character of business conducted in Rhode Island  NORSE BOARD ADDRESSES) ("X" BOX FOR ATTACHMENT)  T. LIST ALL DRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Street Address  City State Zp  City State Zp  City State Zp  B. LIST ALL DRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name  Director Name  Director Name  Street Address  City State Zp  Director Name  Director Name  Director Name  City State Zp  City Stat	410 010 COC	ach ro	ao	E State of Incomposition	WII K.L.	. 100013	
Super description of the character of business conducted in Rhode Island   Norse Board Agreement   Norse President Name   Norse Pr	4. Business Phone No.			5. State of incorporation			
T. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  President Name    Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   Vice-President Name   V	6 Brief description of the charact	ンラン er of business con	ducted in Rhode Island	I Brode =	<del></del>		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)    Previous Name							
President Name	·	V				144 W. 154 W. 15	
Street Address  City State Zip City State Zip  B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name  Director Name  City State Zip City State Zip  City State Zip  City State Zip  City State Zip  Director Name  Director Name  Director Name  Director Name  Director Name  City State Zip  City State Zip  City State Zip  City State Zip  Director Name  Director Name  Director Name  Street Address  City State Zip  Director Name  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  NAME OF SHARES ISSUED ("X" BOX FOR ATT		3 AND ADDRESS	LOJ ( X DOX TOTTA			· · · · · · · · · · · · · · · · · · ·	
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B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name    Director Name	Secretary Name			Treasurer Name			
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8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name  Street Address  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  One City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  I DOO OPAR USE Changes require an additional filling.  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 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 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.  Check No  MAR 0 4 2014  By:  FOR SECRETARY OF STATE USEPPLY  Print or Type Name of Authorized Representative	City	State	Zip	City	State	Zip	
Director Name  Street Address  City  State  Zip  City  State  Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City  State  Zip  Director Name  Street Address  Street Address  City  State  Zip  10. SHARES AUTHORIZED  11. 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 filling.  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 available as behalf of the corporation by the receiver or trustee.  Under penalty of pripary, 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.  MAR 0 4 2014  By:  FOR SECRETARY OF STATE USEDILY  Print of Type Name of Authorized Representative  Date  Print of Type Name of Authorized Representative							
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Tom: 10.0000  this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Check No  MAR 0 4 2014  Signature of Authorized Representative  Print or Type Name of Authorized Representative  Tom: 10.000	•	ms repon must be	FILED			m that I have examined	
By:  Signature of Authorized Representative  Date  Print or Type Name of Authorized Representative	File Date			this report, including any accompanying schedules and statements,			
By:  Signature of Authorized Representative  FOR SECRETARY OF STATE USEDILY  Date  Print or Type Name of Authorized Representative	Check No	MA	NR 04 2014	$\bigcirc$	a Connair	a 2/2/11	
FOR SECRETARY OF STATE USERVILY DONNA M. GARDINER Print or Type Name of Authorized Representative	Bv:		2011	Signature of Authorize	od Representative	Date 5/02/14	
Print or Type Name of Authorized Representative	-	iceDMiV a/a	100				
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