

## 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

I. Entity ID No.	2. Exact nan	2. Exact name of the Corporation				
73298	Raymo	Raymond C. Green, Inc.				
3. Principal office address 155 Federal Street, #1300			City Boston	State MA	Zip <b>02110</b>	
4. Business Phone No. 617-859-4566			5. State of Incorporation Rhode Island			
. Brief description of the Real Estate and P		conducted in Rhode Island of Every Kind	1			
	MANES AND LUZS	EBREDY (ROYADOLFORA)				
President Name Raymond C. Green			Vice-President Name Raymond C. Green			
Street Address 155 Federal Street, #1300			Street Address 155 Federal Street, #1300			
ity Boston	State MA	Zip <b>02110</b>	City Boston	State MA	Zip <b>02110</b>	
Secretary Name Raymond C. Green			Treasurer Name			
Street Address 155 Federal Street, #1300			Street Address			
ity Boston	State MA	Zip 02110	City	State	Zip	
LISTALL DIRECTOR	S (HAMES AND ADD	RESSES) ("X" BOX FOR	PACHMENT			
Director Name Raymond C. Greer			Director Name			
Street Address 155 Federal Street, #1300			Street Address			
City Boston	State MA	Zip <b>02110</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZE	0	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	IN ENARES ISSUE	OF THE BOX FOR ATTAC	HMENT)	
			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. Section 9 of instruction sheet.			200	Common	None	
	uted on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hand	ls of a receiver or trustee	
	this report mus	st be executed on behalf of FILED	the corporation by the i	receiver or trustee.		
File Diste			Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No.	He Solution	MAR 1 1 2014		/ pl C	- 3/5/1	
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized Representative Date			
Principles (and the state of th			<i></i>	of Authorized Represent	tative	
orm No. 630			D'init a Typo Hairie			

Revised: 01/2012