

FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/05

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e) 1. Corporate ID No. 51392	2. Name of Corporation		hirty (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.
3. Street Address Principal Busin 36 BRANCH AVENUE	ess Office	· · · · · · · · · · · · · · · · · · ·	City PROVIDENCE	State RI	<i>Zip</i> 02904
4. Business Phone No. 4012749000		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Chara DEAL WITH OFFICE FU					
7. NAMES AND ADDRESS President Name Howard Weiss	es of the offic	ERS ("X" BOX FOR ATT	ACHMENT) TRILL IN SPACES Vice President Name Jonathan Weiss	BEFORE USINGATTAC	HMENTS
Street Address			Street Address		
36 Branch Avenue			- 36 Branch Avenue		
City	State	Zip	Cury	State	Zip
Providence	RI	02904	Providence	RI	02904
Secretary Name		** * * * * * * * * * * * * * * * * * * *	Treasurer Name		* * / *
Jonathan Weiss			Howard Weiss		
Street Address 36 Branch Avenue	S TO SECURE A SECURITY SECURIT		Street Address 36 Branch Avenue	and the second s	e e e e e e e e e e e e e e e e e e e
	Ctota	Zin	City	: Clara	
City Providence	State RI	<i>Zip</i> 02904	Providence	State	<i>Zip</i> 02904
				RI	ing the state of the second and the second and the second as the second
8. NAMES AND ADDRESS Director Name		FORS ("X" BOX FOR AI	TACHMENT) THE IN SPACE Director Name	CS BEFORE USING ATTA	CHMENTS
Howard Weiss			Jonathan Weiss		
Street Address	the state of the s	CONTRACTOR COMMENTS OF CONTRACTOR	Street Address		
36 Branch Avenue			36 Branch Avenue		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Director Name	177		Director Name		417777
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	10. SHARES ISSUED ("X" BOX	FOR ATTACHMENT)	
AUTHORIZED SHARES	OI 10 :	Par Value	ISSUED SHARES Number of Shares		Par Value
Number of Shares	Class/Series	rur varue	Number of Shares	Class/Series	rur varue
1,000 \$.10 PAR VALUE			100	common	\$.10
This report must be executed on hehalf of the	corporation by an authorized re	presentative. If the corporation is in	the hands of a receiver or trustee, this report m	ust be executed on behalf of the corp	oration by the receiver or trustee.
5 1 3	 	FILED MAR 12 20	4 Under penalty of perjury, l	declare and affirm that I	have examined
<u> </u>		BY 72 (5)	this report, including any a	accompanying schedules a	and statements,
51392 DBC 02/15/07 08:30:58 AM					1
File Date		4/8/14			
Check No.		Signature Date / /			
Ву:		_	Print or Type Name President		
		1	- FIESIGEIII		

Title