

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

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

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Filing Fee: \$50.00 • 1	FAILURE TO FILE	THIS REPORT BY M	ARCH 31 WILL RES	SULT IN A \$25	.00 PENAL	TY FEE.		
1. Entity ID No. 2. Exact name of the Corporation								
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0071137	KIVER	Point Co	nst, IK.					
3. Principal office address	1	***	City '		ate	Zip		
4. Business Phone No.	Et		Westwarm	UK	RI.	02893		
	5. State of Incorporation							
401-821-59	14	4 1 1 5 1 1 1						
6. Brief description of the cha	racter of business c	onducted in Hhode Island	1 m 4 56	01154 60	phalt.	carpentry a		
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President Name	katana selesah katanatah se beriasan terdak serenda	minum stavi 14. Med sellen ultverinderlikusenskil etde	Vice-President Name					
			MATIL A Medeiros					
Street Address			Street Address					
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City	State	Zip	City		ate	Zip		
West warance	K K5	02883	West war	wilk,	1=	O + Y 9 3		
Secretary Name	Treasurer Name							
MATICA A	Joan F. Medeiros							
Street Address Storal C			Street Address					
City	State	Zip	City		ate,	Zip		
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Director Name	S		Director Name	~	33 . 1	:		
Street Address			MATIA A MedelTOS					
& Deborah ut.			Street Address 5 Debotah Ct					
City	State	Zip (2) 843	City	Sta	ate	Zip		
Director Name			west war	hick!	Ly	43		
Director Name			Director Name					
Street Address	Street Address							
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	Julia		Olly	Julia	11.6	Zip		
S. SHARES AUTHORIZED			10 SHAPES ISSUE	D (*)C BOX FO	AND A CHM			
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.			NUMBER OF SHARES	CLASS/SERIES	***********	PAR VALUE		
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This report must be executed	on behalf of the coi this report must b	poration by an authorized be executed on behalf of	d representative. If the the corporation by the i	corporation is in receiver or truste	the hands or	a receiver or trustee,		
	STANTING.					that I have examined		
File Date			this report, includi and that all statem	ing any accomp	anying ache	edules and statements,		
Check No			and hist all statem	rents contained	nerein are t /^ .	rue and correct.		
	Seph. (1) 1 (2-15)	rilli	Joan F.	Mel	uro	3/14/14		
			Signature of Authorized Representative Date					
FOR SECRETARY OF STATE USE ONLY MAR 1 7 2014		V/06.1	f · me	ر- زیرل	(
Form No. 630			Print or Type Name	of Authorized R	epresentativ	2		
Revised: 01/2012	7	3412	••					