

Revised: 01/2012

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

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. 796213	1	2. Exact name of the Corporation Carr Corp.				
3. Principal office address 19 Egret Lane			City Westerly	State RI	Zip 02891	
4. Business Phone No.			5. State of Incorporation Rhode Island			
 Brief description of the Engaging in any la 		s conducted in Rhode Island	d			
. LIST <u>ALL</u> OFFICERS	(NAMES AND ADDR	IESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Wendy Carr			Vice-President Name n/a			
Street Address 19 Egret Lane			Street Address			
Dity Westerly	State RI	Zip 02891	City	State	Zip	
Secretary Name			Treasurer Name n/a			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	S (NAMES AND ADD	PRESSES) ("X" BOX FOR				
Director Name n/a			Director Name n/a			
Street Address			Street Address			
Dity	State	Zip	City	State	Zìp	
Director Name			Director Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
. SHARES AUTHORIZEI	<u> </u>		10. SHARES ISSUE	D ("X" BOX FOR ATTAC	HMENT)	
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	
			100	Common	No Par Value	
This report must be execu		corporation by an authorize st be executed on behalf of	•		s of a receiver or trustee,	
File Date	•		Under penalty of p	erjury, I declare and affi ng any accompanying s	chedules and statemen	
	eck No FILED			and that all statements contained herein are true and correct.		
By: MAR 2 0 2014			Signature of Authorized Representative Date			
FUN SECHETARY OF STATE USE ONLY			Wendy Carr, President Print or Type Name of Authorized Representative			
orm No. 630	BY	1200	Print or Type Name	e of Authorized Represent	ative	