



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

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | | | |
|--|--------------------|--|--|---|--------------------|---------------------|--|
| 1. Entity ID No. 90887 | | 2. Exact name of the Corporation Billings Research Group, Inc. | | | | | |
| 3. Principal office address 47 WIANNO ROAD | | | | City BOURNE | State MA | Zip 02532 | |
| 4. Business Phone No. 508-759-0394 | | | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CONSULTING SERVICES IN THE COMPOSITE INDUSTRY | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| President Name Jonathan Billings | | | | Vice-President Name | | | |
| Street Address 47 Wianno Road | | | | Street Address | | | |
| City Bourne | State MA | Zip 02532 | | City | State | Zip | |
| Secretary Name Steven M. McLinnis | | | | Treasurer Name Jonathan Billings | | | |
| Street Address 38 Bellevue Avenue, Suite H | | | | Street Address 47 Wianno Road | | | |
| City Newport | State RI | Zip 02840 | | City Bourne | State MA | Zip 02532 | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| Director Name Jonathan Billings | | | | Director Name | | | |
| Street Address 47 Wianno Road | | | | Street Address | | | |
| City Bourne | State MA | Zip 02532 | | City | State | Zip | |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | State | Zip | | City | State | Zip | |
| 9. SHARES AUTHORIZED | | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| 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 | \$.01 Par | |
| | | | | | | | |

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.

File Date _____

Check No _____

By: _____

FILED

MAR 21 2014

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.

Signature of Authorized Representative

Date

Jonathan Billings

Print or Type Name of Authorized Representative

2-13-14

BY 11586