



**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

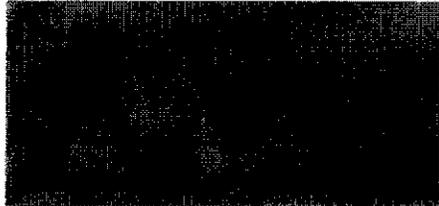
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 000791023		2. Exact name of the Corporation Oradica International Inc			
3. Principal office address 32 Mechanic Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-487-9457		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island Wholesale of consumer goods					
President Name Frank Auidano			Vice-President Name Frank Auidano		
Street Address 32 Mechanic Avenue			Street Address 32 Mechanic Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Frank Auidano			Treasurer Name Frank Auidano		
Street Address 32 Mechanic Avenue			Street Address 32 Mechanic Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			0.00	CWP	0.0100

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 MAR 21 PM 3:16

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.



**FILED**

MAR 21 2014

49-220574 Frank Auidano

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 \_\_\_\_\_

Print or Type Name of Authorized Representative

A.A. 3:17 p.m.