

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

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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 FIL	E THIS REPORT BY M	ARCH 31 WILL RESU	JLT IN A \$25.00 PENA	LTY FEE.
1. Entity ID No. 70189					
3. Principal office address 21 Agnes St.	3		City East Providence	State RI	Zip 02914
. Business Phone No. 401-438-8900			5. State of Incorporation RI		
6. Brief description of the Consulting, actua		conducted in Rhode Islandent administration	J		
7 LIST ALL OFFICERS	(NAMES AND ADDR	ESSES) ((X) BOX FOR A	TACHMENT)		
President Name Sean P. Fecteau			Vice-President Name Patricia A. Fecteau		
Street Address 104 Leavitt St.			Street Address 57 Briarwood Di	r	
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia A. Fectea	u		Treasurer Name Patricia A. Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead R	łd.	
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. LIST <u>ALL</u> DIRECTOR	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Sean P. Fecteau			Director Name Patricia A. Adamonis		
Street Address 104 Leavitt St.			Street Address 11 Arrowhead Rd.		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Patricia A. Fectea	u		Director Name		
Street Address 57 Briarwood Dr.	·		Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
9. SHARES AUTHORIZE	D		10. SHARES ISSUED	("X" BOX FOR ATTACH	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		•	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
nis Information is currently of record in the Office of the Secretary State. Changes require an additional filing. see Section 9 of instruction sheet.		200	COMMON	NONE	
This report must be exec	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the of the corporation by the re	corporation is in the hands eceiver or trustee.	of a receiver or truste

File Date	IILLU	this report, including any accompanying schedules and statements,		
Check No.	MAR 2 6 2014	and that all statements contained herein are true a	and correct. $3/19/14$	
By: BY FOR SECHETARY OF STATE USE ONLY	1/69	Signature of Authorized Representative	Date	
		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012