

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 VEAR

Filing Period: January	y 1 - March 1 • T		ped or printed legible	 'y.	NAITVEEE		
1. Entity ID No.		e of the Corporation	a a a a a a a a a a a a a a a a a a a	70L1 III A \$23.50 F L	MALITICE.		
791 139	10	IMO CO	NSTRICTON .	Corporer	ria)		
3. Principal office address	1 000	o-	City	State	Zip		
4. Business Pione No.			5. State of Incorporat	ion	_ 0288	סוד	
6. Brief description of the character of business conducted in Rhode Islan			Krh	de Isu	d		
CONSTR	puna	Escaram	ລ				
7. LIST <u>ALL OFFICERS (NA</u> President Name	MES AND ADDITE	SSES) ("X" BOX FOR A		ana ay an an an sa ay	12035365	aring a	
Marce A Mariano			Vice-President Name				
Street Address			Street Address				
City	State	Zip 77.496	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip	<u> </u>	
8. LIST ALL DIRECTORS (N.	AMES AND ADDR	RESSES) ("X" BOX FOR	ATTACHMENT)		ANTER A CHARLES HAVE A CHARLES AND		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
Oity	State	Zip	City	State	Zip		
), SHARES AUTHORIZED	o Agos Service	BEREELER BONE	10 SHARES ISSUED	("X" BOX FOR ATTA	HMENT)		
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing.					PAR VALUE	PAR VALUE	
See Section 9 of Instruction s	sheet.						
This report must be executed	on behalf of the co	orporation by an authorize be executed on behalf of	ed representative. If the of the corporation by the re	corporation is in the han eceiver or trustee.	ds of a receiver or tru	ıstee,	
File Date	are property as	FILED	Under penalty of pothic this report, including	erjury, I declare and afing any accompanying	schedules and state	ements,	

tina report in	ust be executed on behalf of	the corporation by the receiver or trustee.			
File Date	FILED	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.			
Check No	JUN 1 0 2014				
FOR SECRETARY OF STATE USE ONLY	C33820	Signature of Authorized Representative	Date		
Form No. 630 Revised: 01/2012	A·A	Print or Type Name of Authorized Representat	tive		