

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

4. Business Phone No. 5. Sign of Incorporation Invest in real estate 7. UST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Robert A. Pisaturo Street Address 111 Chapin Avenue Treasurer Name Leah Ratherine Davis-Pisaturo Street Address 111 Chapin Avenue Treasurer Name Leah Pisaturo Street Address 111 Chapin Avenue Street Address 111 Chapin Avenue Treasurer Name Leah Pisaturo and/or Romeo A. Pisaturo Street Address 111 Chapin Avenue Treasurer Name Leah Pisaturo and/or Romeo A. Pisaturo Street Address 111 Chapin Avenue Street Address Street Addr	1. Entity ID No.	I	of the Corporation				
1. Business Phone No. 1. Business Phone	000111197	Priscilla	Avenue, Inc.				
Shelf description of the character of business conducted in Rhode Island Invest in real estate List all OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Voc-President Name	3. Principal office address 111 Chapin Avenue						
ILIST ALL OFFICERS (NAUES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name Vice-President Name	4. Business Phone No.						
Vice-President Name	•	acter of business o	onducted in Rhode Island)			
Leah Katherine Davis-Pisaturo Street Address Street Address Treasurer Name Treasu	LIST ALL OFFICERS (NAM	ES AND ADDRES	SES) ("X" BOX FOR A	TACHMENT)			
111 Chapin Avenue City State Zip Q2889 Warwick State Zip Q2889	President Name			Vice-President Name			
Warwick RI 02889 Warwick RI 02889 Warwick RI 02889 Treasurer Name Treasurer Name Street Address 111 Chapin Avenue Street Address 112 City State Zip Warwick RI 02889 City State Zip Warwick RI 0298 City State Zip Warwick Rid 029					enue		
Street Address Stre			Zip 02889				
State		Romeo A. Pisa	aturo	Treasurer Name	•		
Warwick RI 02889 B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (** BOX FOR ATTACHMENT) □ Director Name Directo	Street Address 111 Chapin Avenue			Street Address			
Director Name Director Name Street Address Street Address Director Name Dire				City	State		
Street Address Street Address	LIST <u>ALL</u> DIRECTORS (NA	MES AND ADDRI	ESSES) ("X" BOX FOR.	TACHMENT)			
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Director Name Director Name	City	State	Zip	City	State	1 2 W	
State Zip City State Zip City State Zip D. SHARES AUTHORIZED 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) In this information is currently of record in the Office of the Secretary of State. Changes require an additional filling. 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 trust this report must be executed on behalf of the corporation by the receiver or trustee. This report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examine that all statements contained herein are true and correct. Check No JUN 3 0 2014 Signature of Authorized Representative Date FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Representative Print or Type Name of Authorized Representative Date Print or Type Name of Authorized Representative Print o	Director Name			Director Name			
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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 trust this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have example this report, including any accompanying schedules and stater and that all statements contained herein are true and correct. Signature of Authorized Representative Romeo A. Pisaturo Print or Type Name of Authorized Representative	Dity	State	Zip	City	State	Zip	
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this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examthis report, including any accompanying schedules and stater and that all statements contained herein are true and correct. Check No By: Signature of Authorized Representative Print or Type Name of Authorized Representative	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.			200	Common	No Par	
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By: JUN 3 0 2014 Signature of Authorized Representative Date FOR SECRETARY OF STATE USE ONLY BY C 22 7604 Print or Type Name of Authorized Representative	File Date		- 6	Under penalty of potential this report, including	erjury, I declare and affirm ng any accompanying sc	hedules and statements	
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