

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

148 W. River S	treet, Providence	e, Rhode Island 0290			20 (/
Phone: (401) 2	.22-3040 ~ Ema:	ii: corporations@sos	s.ri.gov ~ Website: ww	.~	
PROFIT CORPO	RATION A	NNUAL REF	ORT FOR TH	E YEAR	DI45 3H
Filing Period: January 1 -	March 1 • This	report must be type	ed or printed legibly.		
Filing Fee: \$50.00 • FAIL	URE TO FILE TH	HIS REPORT BY MA	RCH 31 WILL RESUL	T IN A \$25.00 PENAL	TY FEE. US 🔼 🚉
1. Entity ID No.	2. Exact name of	the Corporation			200
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060533001	<i>\</i> ~ab≀e	lle A. B	11140 CSq	700	Ö . O. S. I. S. I
3. Principal office address	- ' 1- /	6. 1	City	State	Zip = <=;
293 Cow	espt f	ive, St	5. State of Incorporation	VICK PI	1024937
4. Business Phone No.	~ t	,		·	· · · · · · · · · · · · · · · · · · ·
401-828-00			21		
6. Brief description of the characte			0		
Engage in	1				
7. LIST ALL OFFICERS (NAMES	AND ADDRESSE	S) ("X" BOX FOR AT	TACHMENT)	promore was a second	en e
President Name	6		Vice-President Name		
Danielle #	Britto		NONE	<u></u>	
Street Address 393 GWES	seta Aut	Soute	Street Address		
city West Worker	State KRL	zip ひみ593	City NON-C	State NOA!P	NONE
Secretary Name		, 1	Treasurer Name	TOOK S	10010
NONE			NONE		
Street Address	<u> </u>	<u> </u>	Street Address		
NO12-6			NON	•	
City	State	Zip	City	State	Zip
Nous	S-MOCK	SUNOCA	NONE	Lone	NONE
8, LIST ALL DIRECTORS (NAME	S AND ADDRESS	SES) ("X" BOX FOR A	TTACHMENT)		297 Trong e Zella (naturalisa a Landa de de 1816), poste a de Signa de la Carlo de Landa (naturalisa de la Carlo de Landa de Landa de Landa de Landa de Landa de Landa de La
Director Name	() a claba		Director Name		
Danville A	Brito		NONG		
Street Address	11 1 10	5.4.1	Street Address		
293 Comese			Nows	To:	
city west warnick	State	Zip 02393	City	State	Zip
Director Name	- (2 +	0339	Director Name	NONE	None
Name Name					
Street Address			NON-E Street Address		
NON-e			None		
Citv	State	Zip	City	State	Zip
NONE	NONE	NONE	NONE	None	NON-C
9. SHARES AUTHORIZED		Jerop Sajabol S		X" BOX FOR ATTACHM	
		And the second s	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of		e of the Secretary	1000 00	c lai/	14 3
of State. Changes require an additional filing. See Section 9 of instruction sheet.			<u></u>	STIC	10.4
see section a or instruction sne	sı.				

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,

tnis report musi	t pe executed on penait of the	e 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	AUG 1 5 2014	Signature of Authorized Representative	8 15/14 Date	
FUR SECRETARY OF STATE USE ONLY	VL 236432	Print or Type Name of Authorized Representative		
Form No. 630 Revised: 01/2012	10:12	oypa name oyname.rea noprosentative		