



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 2011

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. <u>102692</u>		2. Exact name of the Corporation <u>Warner Street Inc.</u>		
3. Principal office address <u>16 Warner Street</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
4. Business Phone No. <u>585-455-3813</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>rental units</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>TODD FERRIN</u>		Vice-President Name <u>MEUSSA FERRIN</u>		
Street Address <u>38 BROMLEY RD</u>		Street Address <u>11 SAND BROOK RD</u>		
City <u>PITTSFORD</u>	State <u>NY</u>	Zip <u>14534</u>	City <u>PITTSFORD</u>	State <u>NY</u>
Secretary Name <u>MEUSSA FERRIN</u>		Treasurer Name <u>TODD FERRIN</u>		
Street Address <u>11 SAND BROOK RD</u>		Street Address <u>38 BROMLEY RD</u>		
City <u>PITTSFORD</u>	State <u>NY</u>	Zip <u>14534</u>	City <u>PITTSFORD</u>	State <u>NY</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>100</u>	CLASS/SERIES <u>STK</u>	PAR VALUE <u>\$ 0.00</u>

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

OCT 20 2014

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.

Meissa A. Ferrin 10/14/14
 Signature of Authorized Representative Date

BY KL234583 MEUSSA A. FERRIN
 11.03
 Print or Type Name of Authorized Representative