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 2010

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.	2. Exact name of the Corporation		
102692	Warner Street Inc.		
3. Principal office address: 16 Warner Street	City: Newport	State: RI	Zip: 02840
4. Business Phone No.: 585-455-3813	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: rental units			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	TODD FERRIN	38 BROMLEY RD	PITTSFORD	NY	14534
	Vice-President Name	Street Address	City	State	Zip
	MELISSA FERRIN	11 SANDBROOK RD	PITTSFORD	NY	14534
	Secretary Name	Street Address	City	State	Zip
	MELISSA FERRIN	11 SANDBROOK RD	PITTSFORD	NY	14534
	Treasurer Name	Street Address	City	State	Zip
	TODD FERRIN	38 BROMLEY RD	PITTSFORD	NY	14534

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	NONE				
	Director Name	Street Address	City	State	Zip
	NONE				
	Director Name	Street Address	City	State	Zip
	Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	STK	$0.00

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.

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.

Signature of Authorized Representative — Date: 10/14/14

MELISSA A. FERRIN
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
OCT 20 2014
BY LL 234583
11:00

Form No. 630
Revised: 01/2012
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