



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 2009

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) ☐				
President Name <u>TODD FERRIN</u>		Vice-President Name <u>MEUSSA FERRIN</u>		
Street Address <u>38 BROMLEY RD</u>		Street Address <u>11 SANDBROOK 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 SANDBROOK 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) ☐				
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) ☐				
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>

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

Form No. 630
Revised: 01/2012

FILED
OCT 20 2014
BY KL234583
11:01

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.

MEUSSA A. FERRIN 10/14/14
Signature of Authorized Representative Date
Print or Type Name of Authorized Representative