

## 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. <b>35089</b>		2. Exact name of the Corporation  Verry Foundations Incorporated				
3. Principal office address			City	State	Zip	
119 Highview Avenue			Hope Valley	RI	02832	
4. Business Phone No. 401-539-6024			5. State of Incorporation RHODE ISLAND			
•		s conducted in Rhode Island n for homes and busi				
7	NAMESANDADDE	ESSESV/WY#BOVÆOD/AT	TACHMENT			
7. LIST; ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT President Name  Stephen P. Verry			Vice-President Name Stephen P. Ver		CRE ORP	
Street Address 119 Highview Avenue			Street Address 119 Highview Avenue			
City Hope Valley	State RI	Zip <b>02832</b>	City Hope Valley	State <b>RI</b>	Zip	
Secretary Name Stephen P. Verry			Treasurer Name Stephen P. Verry			
Street Address 119 Highview Avenue			Street Address 119 Highview Avenue			
City Hope Valley	State <b>RI</b>	Zip <b>02832</b>	City Hope Valley	State <b>RI</b>	Zip <b>02832</b>	
	(NAMES AND ADD	RESSES) ("X" BOX FOR				
Director Name Stephen P. Verry			Director Name			
Street Address 119 Highview Aven	iue		Street Address			
City Hope Valley	State RI	Zip <b>02832</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZE	<b>D</b> .:		10. SHARES ISSUE	O ("X" BOX FOR ATTACH	IMENT)	
			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.			19	Common	No Par Value	
This report must be execu		corporation by an authorized st be executed on behalf of			s of a receiver or trustee,	
File Date	uno ropore mu	FILED	Under penalty of p	erjury, I declare and affiring any accompanying s	chedules and statements	
Check No JAN <b>15</b> 2015 By:			Stephen P Verru			
			Signature of Authorized Representative E		/ - / Y - ∠ Date	
FOR SECRETARY OF STATE USE ONLY			Stephen P. Verry, President			
orm No. 630 evised: 01/2012		1:48 pm	Print or Type Name	of Authorized Representa	ative	