



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 2015

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. 72682		2. Exact name of the Corporation R.S.L. MANAGEMENT, INC.					
3. Principal office address 111 CHURCH POND DRIVE				City TIVERTON	State RI	Zip 02878	
4. Business Phone No.				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SELL, DEVELOP, INVEST IN REAL ESTATE, PERSONAL PROPERTY INVESTMENTS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)							
President Name ROLAND S. LECOMTE				Vice-President Name ROLAND S. LECOMTE			
Street Address 111 CHURCH POND DRIVE				Street Address 111 CHURCH POND DRIVE			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878		
Secretary Name ROLAND S. LECOMTE				Treasurer Name ROLAND S. LECOMTE			
Street Address 111 CHURCH POND DRIVE				Street Address 111 CHURCH POND DRIVE			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)							
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED				10. SHARES ISSUED (SEE 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	CLASS/SERIES	PAR VALUE	
				1000	COMMON	NO PAR	

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

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.

FILED

Roland S. Lecomte 1-19-15
 Signature of Authorized Representative Date

ROLAND S. LECOMTE, PRESIDENT

Print or Type Name of Authorized Representative

JAN 23 2015

BY _____
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