



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 2012

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 Fisher Development, Inc		
3. Principal office address 201 Spear Street Suite 220		City San Francisco	State Ca	Zip 94105
4. Business Phone No. 415-228-3047		5. State of Incorporation California		
6. Brief description of the character of business conducted in Rhode Island General Contracting Services				

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

President Name Robert S. Fisher			Vice-President Name Alex Fisher		
Street Address 201 Spear Street, Suite 220			Street Address 201 Spear Street		
City San Francisco	State Ca	Zip 94105	City San Francisco	State Ca	Zip 94105
Secretary Name Robert Moresco			Treasurer Name		
Street Address 201 Spear Street			Street Address		
City San Francisco	State Ca	Zip 94105	City	State	Zip

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

Director Name Robert S. Fisher			Director Name Alex Fisher		
Street Address 201 Spear Street Suite 220			Street Address 201 Spear Street Suite 220		
City San Francisco	State Ca	Zip 94105	City San Francisco	State Ca	Zip 94105
Director Name Sydney Bernier - Fisher			Director Name		
Street Address 201 Spear Street Suite 220			Street Address		
City San Francisco	State Ca	Zip 94105	City	State	Zip

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	CLASS/SERIES	PAR VALUE
	75000	Common A	0
	675000	Common B	0

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 _____

FILED
 FEB 17 2015
 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: Robert Moresco Date: 9-8-14
 Print or Type Name of Authorized Representative: ROBERT MORESCO

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 Form No. 630
 Revised: 01/2012

BY CA 242567
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