

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

		This report must be ty LE THIS REPORT BY I			ALTY FEE.	
1. Entity ID No.		E TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. Exact name of the Corporation				
000/38243	3 E. G	ROVIDEN	E TLAN	SFER INC		
3. Principal office addre	3. Principal office addless 867 PANKILLO CT			State	Zip 2 909	
4. Business Phone No.						
4. Business Filling inc.			5. State of Incorporation			
6. Brief description of the	e character of business	conducted in Rhode Islan	id .			
TRANSFE	-ROF/h	MAN REMA	UNS			
		ESSES) ("X" BOX FOR A		on the state of the state of the		
President Mame Elissa Pilosa			Vice-Président Name			
Street Address IMNFIELDST PRIVATOR GOG			Street Address / SET PIAINFIETO ST			
City PROV	State	DZ 909	City Prov	State	Zipozgog	
Secretary Name	2/201	- · · · · · · · · · · · · · · · · · · ·	Treasurer Name			
Street Address	105A	· · · · · · · · · · · · · · · · · · ·	ELISA			
SL1 PlAN	Street Address SMW LIETS ST			Street Address AMNIFIED ST		
City Phy	State	orgog	City Prov	State	02 40G	
8. LIST ALL DIRECTOR	RS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name				Director Name		
Street Address			Street Address		3 270	
City	State	Zip	City	State	Zip N A B B	
, o.,,	Otalo	Z P	Oity	State	= -	
Director Name		 	Director Name	<u>1</u>	■ 200	
Street Address			Charles & Baldana			
Sueet Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	D - I - A - A - A - A - A - A - A - A - A	en Saranna di wiki	10. SHARES ISSUE	D ("X" BOX FOR ATTACH	MENT)	
			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	ST	\$1.0000	
			100		1.000	
This report must be exec	cuted on behalf of the o	corporation by an authorize	d 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	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.				
Check No. By:	MAR 0 2 2015	Stanfature of Authorized Representative	VP 3-2-15 Date		
FOR SECRETARY OF STATE USE ONLY	n243487	Print or Type Name of Authorized Representative			

Revised: 01/2012