

Revised: 01/2012

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.				
Entity ID No. 2. Exact name of the Corporation	0		····	
90318 Main Road	Proper	tie, lu	ر .	
3. Principal office address 3852 Warn Rd-	Tiverton	State	Zip 07878	
4. Business Phone No. 461 624 2600	5. State of Incorporation	n	22	
6. Brief description of the character of business conducted in Rhode Island	1 1		- 27 55	
Ownership + operade	in of Fea	estal.	MAR.	
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT			IN BATTO	
President Name	Vice-President Name	(lai	3 3 3 3	
Street Address	Street Address 6	Vove Ave	33 (0)	
City State State Zip OZ801	Corte Mal	Dera State	94 925	
Secretary Name	Treasurer Name	ter les	~	
Street Address (6) Grove Ave	Street Address	E. Newif	<u> </u>	
Corte Mada State A 21994925	City Sea the	State	28112	
8, LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR A				
Director Name	Director Name	er Uhi		
Street Address Box 98	Street Address	E. Newfo	~ \$1	
City Adamsville State R1 21p 02801	CitSeattle	State	Zip 98/12	
Director Name	Director Name			
Street Address LOS GOOVE AV	Street Address			
Coste leaden State 21094925	City	State	Zip	
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHM	ENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
	200	CWPA	1.00	
	1000	CWPB	100	
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.				

tino report must be c	Accorded on benan or the	e corporation by the receiver of trustee.		
	LED	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 NoMAR	0 2 2015	Signature of Authorized Representative	3/z//5	
FOR SECRETARY OF STATE USE BYLY 2	135a5	Rosalind M. Weir		
Form No. 630	V 11 X	Print or Type Name of Authorized Representative		
Revised: 01/2012	LW(