**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. | 2. Exact name of the Corporation |
|---|---|
| 74512 | Atlantic Kare Corp. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 402 South Main Street | Woonsocket | RI | 02895 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| (401) 426-9704 | Rhode Island |

6. Brief description of the character of business conducted in Rhode Island

To own, deal in, manage, and invest in real estate

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

| President Name | Vice-President Name |
|---|---|
| Vergis G. Kattapuram | Susan V. Kattapuram |
| Street Address: 19 Gavin Circle | Street Address: 19 Gavin Circle |
| City: Andover, State: MA, Zip: 01810 | City: Andover, State: MA, Zip: 01810 |
| Secretary Name: Vergis G. Kattapuram | Treasurer Name: Vergis G. Kattapuram |
| Street Address: 19 Gavin Circle | Street Address: 19 Gavin Circle |
| City: Andover, State: MA, Zip: 01810 | City: Andover, State: MA, Zip: 01810 |

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

| Director Name | Director Name |
|---|---|
| Vergis G. Kattapuram | |
| Street Address: 19 Gavin Circle | Street Address: |
| City: Andover, State: MA, Zip: 01810 | City, State, Zip: |
| Director Name | Director Name |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | |
|---|---|---|---|
| | 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 | comm 1 | 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**

Form No. 630
Revised: 01/2012

MAR 02 2015
BY 4051

**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.**

Vergis G. Kattapuram 2/22/15
Signature of Authorized Representative / Date

**Vergis G. Kattapuram**
Print or Type Name of Authorized Representative