

## OF RHODE ISLAND AND PROVIDENCE PLANTATIONS 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 \_2 0 15

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 21 WILL RESULT IN A COS OF DEATH

Tally Tec. \$50.00 TAILURE TO FILE THIS REPORT BY	MARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.
1. Entity ID No. 2. Exact name of the Corporation			
18342 Windsorf	Olishina Co. Inc		
3. Principal office address	City	State	Zip
4. Business Phone No.	5. State of Incorporation	n C - C   K	02909
6. Brief description of the character of business conducted in Bhode Island	<i>K</i> _	I	
b. Brief description of the character of business conducted in Rhode Islan	d		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A	14/01/4 O	ther met	tals
President Name	Vice-President Name		
John telosi	Josephine Le losi		
Street Address Kout Ave	Street Address AV &		
City Jahnston State RT 029 109	Tohuston State RI D2919		
Secretary Name	Treasurer Name		
Street Address	Street Address		
67 Lookout Aye	87 Loo Kout Ave		
City State Zip State Zip A 9 9 1 9	City State Zip Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR	JONNS 10	NINT	102919
Director-Name	Director Name	P /	
Street Address	Street Address		
87 LOCKOUT AVY	G7 Lockout Ave		
City Johnston State RI Zip 2919	City State Zip		
Director Name	Director Name	on RI	102919
Josephine Felos!	Director Name		
Street Address / 87 L co Kou + Av (	Street Address		
City State R - Zip	City	State	Zip
9. SHARES AUTHORIZED	10 SHADES ISSUED	"X" BOX FOR ATTACHN	
	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.	300		<del></del>
See Section 9 of instruction sheet.		(ommon	Notar Value
This report must be executed on behalf of the corporation by an authorized	representative # the	roaration is in the district	
this report must be executed on behalf of the	r representative, it the col he corporation by the rec	poration is in the hands o eiver or trustee.	of a 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	and that an statemen	1 .//	<i>'</i>
By:FILED	Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY MAR 0 2 2015	José	phisoR	1051
- ( (	Print or Type Name of	Authorized Representativ	/e
evised: 01/2012			