



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. 44334		2. Exact name of the Corporation NOLL GUITARS, LTD.			
3. Principal office address 173 MACKLIN ST.		City CRANSTON		State R.I.	Zip 02920
4. Business Phone No. (401) 275-0880		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island BUILDING, REPAIR & RESTORATION OF FRETTED MUSICAL INST, & ACCESSORY SALES					
President Name JAMES M. LANDRY			Vice-President Name STANLEY F. BIENKIEWICZ		
Street Address 173 MACKLIN ST.			Street Address 173 MACKLIN ST.		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED ☐ 9. 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
			0		NO PAR VALUE

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.

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.

Stanley F. Bienkiewicz 2-26-15
Signature of Authorized Representative Date
STANLEY F. BIENKIEWICZ V.P.
Print or Type Name of Authorized Representative

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