

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.

Filina Fee: \$50.00 • FAIL	URE TO FILE THIS REPORT	F BY MARCI	H 31 WILL	RESULT IN A \$25 00 PENALTY FEE

			MARCH 31 WILL RES	OULT IN A \$25.00 PEN	IALTY FEE.		
1. Entity ID No.	2. Exact name	of the Corporation					
990320	H. K	revit an	City New Have 5. State of Incorporat	INC			
3. Principal office address	C+		City	State	Zip 06534		
67 Velton St 4. Business Phone No.			vew Ithre	$n \mid C \mid$	146559		
2.03 - 772 -	7750		5. State of incorporat	ion			
6. Brief description of the char	<u> </u>	onducted in Bhode Islan	<u> </u>				
I '							
Jakes o	st wa	iter Chen	nical Tre	atment			
7. LIST ALL OFFICERS (NA	MES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMEN				
President Name			Vice-President Name				
Thomas Ross			Donald DeChello				
Street Address	7		Street Address		"		
10 Box 123			City City State T Zip 6492				
City Sapfford	State V H	2ip 03462	City	State	Zip. 06492		
Secretary Name	1 /5 (1	103962	Treasurer Name	01	100992		
			Troasuror Harne				
Street Address			Street Address				
							City
8. LIST ALL DIRECTORS (N.	AMES AND ADDRI	ESSES) ("X" BOX FOR			13 (25 A) 2 (3 A) 13 A) 14 A) 15 A)		
Director Name	Por		Director Name	0 > h 11.	·-		
Street Address	KUSS		Street Address	MD De CHE	uo		
POBON 123			Street Address 2 CLETINITU DR, City State Zip 07497				
City	State A 1	Zip 2 2 2 2	City	State	Zip 222		
SPOTTORD	State MAY	Zip 03462	- Wounder	NO CT	06492		
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	<u> </u>			
Street Address			Street Address				
City	State	l 7in	Ó.L.				
Olly	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10 SHADES ISSUED	("X" BOX FOR ATTACH			
	······································		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
This information is currently of record in the Office of the Secretary			2241	 			
of State. Changes require an additional filing. See Section 9 of instruction sheet.			44/1	NONE	224100		
	3100L						
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the c	 orporation is in the hands	of a receiver or trustee		
	this report must b	pe executed on behalf of	the corporation by the re	ceiver or trustee.			
		CH ED	Under penalty of pe	Under penalty of perjury, I declare and affirm that I have examined			
File Date			this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
Check No	<u> </u>	MAR 1 3 2015		_			
Bu.	-	MAIN 1 3 ZUIS		L. Mer.	10 mm - 3/9/15		
By:		=7\c00 a	Signature of Authoriz	red Representative	Date		
FOR SECRETARY OF STATE	E USE ONLY	2081Q	Thomas Ross				
			Print or Type Name	of Authorized Represents	tivo		

Form No. 630 Revised: 01/2012