

Form No. 630 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: corporation @Sc ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00	• FAILURE TO FIL	E THIS REPORT BY	MARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.
1. Entity ID No.	2. Exact nam	e of the Corporation			
110706	Dece	L Estate	Equitie	51 Juc	
3. Principal office address			City	State 1	Zip
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4. Business Phone No.	1-1119 9	ัก	5. State of Incorpora	tion	Market Commencer
C Brist description of the	pherostor of business	conducted in Rhode Isla	nd		
6. Brief description of the o	Rocker Dusiness	tate Broke			
Commercial	1 222 0		•		1 .
7. LIST <u>ALL</u> OFFICERS (	NAMES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT)		
President Name			Vice-President Name		
Smford Bilsky Street Address			Street Address		
8 130 And was IN.			8130 LANdings LN		
City	State	Zip up 01 d	City	State	Zip
Englison	d + L	21p3 4224	Cralewo	sod 7 L	34034
Secretary Name			Treasurer Name		
Street Address			Street Address		
Oli eet Addi coo					
City	State	Zip	City	State	Zip
	`				alternatives as a constant of the
8. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FO	Director Name	general des Englishers (1911) excellent de	
Director Name	~	-NON	H H		
Street Address		1 10 10	Street Address		
City	State	Zip	City	State	Zip
Discrete Nome			Director Name	<u> </u>	
Director Name			Director (tame	,	
Street Address			Street Address		
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City	State	Zip	City	State	Zip .
9. SHARES AUTHORIZE			10 SHARES ISSUE	D ("X" BOX FOR ATTAC	HMENT)
9. SHARES AUTHORIZE		Andreas de la constante de la c	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is curre	ntly of record in the	Office of the Secretary			
of State. Changes require an additional filing. See Section 9 of instruction sheet.			1000 No	<u> </u>	
266 26ction a of man oct	ion sheer	** <b>*</b> ***	paryah	<i>Q</i>	
This report must be exec	uted on behalf of the this report mu	corporation by an author st be executed on behalf	of the corporation by the	e corporation is in the hand receiver or trustee.	
		Ell Ch	Under penalty of	perjury, I declare and affi	rm that I have examined
File Date		FILED	this report, include and that all states	nng any accompanying s ments containe <u>d b</u> erein a	schedules and statements, ire true and correct.
Check No					Son Orice
		MAR 2 6 2015	S. A. C.	prized Representative	3/24 A0 15
By:		= 1200	Signature of Alathe	A I RIA	
FOR SECRETARY OF S	STATE USE ENTY_	TW,	Print or Time Man	ne of Authorized Represent	ative