

## 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

Filing Period: January	1 - March 1 - Th	is rapart must be t				
Filing Fee: \$50.00 • FA	ILURE TO FILE	THIS REPORT BY	yped or printed legic MARCH 31 WILL BE	iy. SULT IN A \$25.00 PENA	LTARRE	
1. Entity ID No.	2. Exact name	of the Corporation	THE THE PARTY OF T	JOLI IN A \$25.00 PENA	LIY FEE.	
CA-40 1.00	11-					
1005 28452		201051 BI	JILDING E	REMODICING ORO State WHA	TOK	
3. Principal office address			City	State	Zip 0270	<del></del>
47 ARRIGE	AUK		SO. ATTLER	oro MA	(S) 7 7	13
4. Business Phone No.	2 ~~~		5. State of Incorpora	tion	1027	<u>ر ر</u>
174 451	<u>38/2</u>		に、エ、			
6. Brief description of the chara	cter of business co	inducted in Rhode Isla	ınd	<del> </del>		
BUILDING &	1 REMO	DOWING				
7: LIST ALE OFFICERS (NAM	ES AND ADDRES	SES) (£X#BOX FOR	ATTACHMENT)			
President Name		- · ·	Vice-President Name			o entres i
	JOHN CO	ORSI	CHRISTO	PHER CORSI		
Street Address 49 CARNIKE	Ail		Street Address	*		
City	State	Zio		RIGHER AUK.		
SO. ATTILLBORD	WA	<sup>Zip</sup> 02703	City	State	Zip	_
Secretary Name	YEITV	00.700	Treasurer Name	BORG MA	02703	
CHRISTOPHER	JOHN O	ORS)	CHRISTO	HER CORS.	· ·	
Street Address		0.007	Street Address	Her Cocs.	<u></u>	·—
49 CARRIER	AUE			PRIGR AUE		
City	State	Zip	City	State	Zip	
50. HTTLKBORD	MA	02703	SO ATTLE	1 4	0270	3
8-LIST ALE DIRECTORS (NAM	MES AND ADDRE	SSES) ("X" BOX FO	RATIACHMENT)			er er er er
Director Name			Director Name			
Street Address				······	<u> </u>	:53
Direct Addices			Street Address		<u> </u>	
City	State	Zip	City			ZEC
•		~.,5	City	State	Zip 🚤	545
Director Name	- <del></del>	<del></del>	Director Name			웃유럽
						S
Street Address	-		Street Address		2:	
	1				12	177
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			4			
S-SHARES AUTHURIZED			10) SHARES ISSUE	YEX" BOX FOR ATTACHIO	ENT) 🔲 : 💘 🖎	
This information is currently of	record in the Off	ice of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
of State. Changes require an additional filing.						
See Section 9 of instruction sheet.					0.01	
This report must be executed on	bobolf of the same		<del></del>			
This report must be executed on	this report must be	oration by an authoriz executed on hehalf o	ed representative. If the f the corporation by the r	corporation is in the hands o	of a receiver or trus	stee,
			Under penalty of n	eceiver or irustee. erjury, I declare and affirm	that I have	
File Date		FILED	una re <b>po</b> rt, includir	1⊈ anv.a¢companying sch	edules and state	manta
Girent No			and that all statem	ents contained herein are	true and correct.	
EMBERS STORES		JUL <b>07</b> 201	s //// /	11/0		

	The state of the s	ie corporation by th
Flië Date	FILED	Under penalty of this report, inclu and that all state
Crieck No.	JUL <b>07</b> 2015	
ą forsegretary obstatejuse ondy	By (X ) (X ) (X )	-CHRISTO
Form No. 630 Revised: 01/2012	HH.	Print or Type Nar

Print or Type Name of Authorized Representative