

## 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 • This report must be typed or printed legible.

Filing Fee: \$50.00 • FAIL					25.00 PENA	LTY FEE.		
1. Entity ID No.	2. Exact name of	the Corporation		-				
136503	GIANT P.	ANTHER REPL	Estate, In	<i>C</i>				
136508 GIANT PANTHER REPL 3. Principal office address 29 EAST George St. 4. Business Phone No.			Providence R1 Zip 02906			706		
4. Business Phone No.  401 - 523 6. Brief description of the character	- 5806		5. State of Incorporati	$^{ion}\mathcal{R}$ /	, <u> </u>	<u> </u>		
6. Brief description of the character	er of business cond	lucted in Rhode Island		•	-			
Buy Sell, Hold				_				
7. LIST ALL OFFICERS (NAME:	S AND ADDRESSI	S) ("X" BOX FOR AT			and the	WW.		
	DAVID ABBOTT			Vice-President Name  Same				
Street Address 29 East	George S	<del>/</del> .	Street Address					
City Providence	State R1	Zip 02906	City		State	Zip	:	
Secretary Name			Treasurer Name				or and the second	
	î me			5	ame	AUG		
Street Address			Street Address			24	RARY ARY	
City	State	Zip	City		State	Zip	979 979	
8. LIST <u>ALL</u> DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR I	ATTACHMENT)	120 00 100			67	
Director Name  50ma			Director Name	5a	nie.	12	< A	
Street Address			Street Address	<del></del>		<del></del>		
City	State	Zip	City		State	Zip	<del></del>	
Director Name	<u>,</u>	· · · · · · · · · · · · · · · · · · ·	Director Name		<u> </u>			
<u>san</u>	ne			,	Samo	<del>.</del>		
Street Address			Street Address					
City	State	Zip	City	-	State	Zip		
9. SHARES AUTHORIZED		ra valuation	10. SHARES ISSUED	) ("X" BOX	FOR ATTACH	MENT)		
			NUMBER OF SHARES			PAR VALUE		
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.		4,000			Ø			
This report must be executed on	behalf of the corpo	ration by an authorize	d representative. If the o	corporation i	s in the hands	of a receiver	or trustee,	
		executed on behalf of	the corporation by the r Under/benalty of n			m that I have	evaminod	

uno roport mot	ot be exceeded on bengin of th	ie corporation by the receiver of trustee.			
File Date 10	FILED	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
FOR SECRETARY OF STATE USE ONLY	AUG 24 2015	Signature of Authorized Representative  DAVID ABBOTT	Date		
Form No. 630	<u> </u>	Print or Type Name of Authorized Representative	<del>)</del>		
Revised: 01/2012	W	(			