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148 W. River Street, Providence, Rhode Island 02904-2615

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2016

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 FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

4. Business Phone No. (401) 640-9402 5. State of Incorporation Rhode Island To engage In the business of owning and managing rental property 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Ronald J. Louro Street Address P.O. Box 56 City Warren State Ril Zip U2885 Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro Street Address Provided Ril Zip Cassurer Name Ronald J. Louro	2885
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SHARES AUTHORIZED. 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
NUMBER OF SHARES CLASS/SERIES PAR VAL	LUE
his information is currently of record in the Office of the Secretary 500 Common f State. Changes require an additional filing.	No Par
ee Section 9 of Instruction sheet.	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recei	iver 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 h	nave examined
File Date this report, including any accompanying schedules	and statements
Check No. FILED and that all statements contained herein are true and	/ 4 / /
By: JAN 0 6 2016 Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	
orm No. 630 BY CLIST Print or Type Name of Authorized Representative	

Form No. 630 Revised: 01/2012