



**State of Rhode Island and Providence
Plantations**

Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: \$50.00

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**Business Corporation
Annual Report**
Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. Help with this form [?](#)

ANNUAL REPORT YEAR:

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office:

No. and Street:

City or Town: State: Zip: Country:

4. Business Phone No.

5. State of Incorporation

State:

6. Brief Description of the Character of Business Conducted in Rhode Island

ASSET MANAGEMENT

FILED

JAN 08 2016

BY *CA* 264910

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JAN -8 PM 3:27

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	HARVEY M SNYDER	51 WOODBURY STREET PROVIDENCE, RI 02906- USA
<input type="checkbox"/>	Vice President	Ellen M. Snyder	51 Woodbury St. Providence, RI 02906 USA
<input type="checkbox"/>	Secretary	Julie R. Snyder	51 Woodbury St. Providence, RI 02906 USA
<input type="checkbox"/>	Treasurer	Dorothea J. Snyder	51 Woodbury St. Providence, RI 02906 USA
<input type="checkbox"/>	Director	Harvey M. Snyder	51 Woodbury St. Providence, RI 02906 USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	10,000.00	1,000.00

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:	<input type="text"/>	
No. and Street:	51 WOODBURY STREET, C/C <input type="text"/>	Principal Office <input type="button" value="v"/>
City or Town:	PROVIDENCE	State: <input type="text" value="RI"/> Zip: <input type="text" value="02906"/> Country: <input type="text" value="USA"/>
Contact Phone:	401-451-8890	ext: <input type="text"/>
Contact Email:	hsnyder313@cox.net	<input type="button" value="Clear"/>

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 10 Day of December, 2015 at 10:19:10 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

Form No. 630
Revised 09/07

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