

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

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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.

SANDRA J. O'L Street Address 5 CATALPA WAY City COVENTRY State RI Director Name LINDA L. TARRO State LINDA L. TARRO Street Address 5 CATALPA WAY City City Director Name LINDA L. TARRO Street Address 5 CATALPA WAY City COVENTRY State RI Director Name SANDRA J. O'L City COVENTRY State RI Director Name City Coventry Director Name Director Name City Coventry Director Name Director Name Director Name Director Name Director Name Director Name	EARY State	Zip 02818
3. Principal office address 966 QUAKER LANE 4. Business Phone No. (401) 884-7550 5. State of Incorporat RHODE ISLANI 6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF RECREATIONAL VEHICLES 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) 8. STATE OFFICERS (NAMES AND ADDRESSES) 9.	ICH RI ion D EARY IE State	02818
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9. SHARES AUTHORIZED 10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT) 🗌
NUMBER OF SHARES	CLASS/SERIES	PAR VALUÉ
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.	COMMON	NO PAR
This report must be executed on behalf of the corporation by an authorized representative. If the	corporation is in the hand	ls of a receiver or trustee,
File Date this report, includi	erjury, I declare and affi	irm that I have examined schedules and statements, are true and correct.
Check No	L Jana	01/14/2016
By: Signature of Author	rized Representative RO, PRESIDENT	Date

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative