

1. Corporate ID No. 486374

4. Business Phone No.

President Name

Robert J. Levine

(401)621-7000

3. Street Address Principal Business Office

Record retrieval services

544 Douglas Avenue

2. Name of Corporation

Brief Description of the Character of Business Conducted in Rhode Island

Record Retrievers, Inc.

Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02908

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2016

5. State of Incorporation

Rhode Island

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* 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.

City

Providence

Vice President Name

State

RI

Street Address 544 Douglas: Avenue			Street Address		
City Providence	State RI	<sup>Zip</sup> <b>02908</b>	City	State	Zip
Secretary Name Robert J. Levine			Treasurer Name Robert J. Levine		
Street Address 544 Douglas Avenue			Street Address 544 Douglas Avenue		
City Providence	State RI	7 <i>ip</i> 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDI Director Name	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT)   FILL II   Director Name  -	N SPACES BEFORE U	SING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT)  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.			10. SHARES ISSUED: ISSUED SHARES - THIS SECTIO Number of Shares 100 shares common st	N <u>MUST</u> BF COMPLETED Class/Series	Par Value
his report must be exe is report must be exe	ecuted on behalf of the cuted on behalf of the	corporation by an authorize corporation by the receive	r or trustee.  Under penalty of perjuy,	I declare and affirm that	I have examined this report, nents, and that all statements
File Date	· · · · · · · · · · · · · · · · · · ·	2V   LC 1001	Signature	y~_	Date
Check No.			Robert J. Levine Print or Type Name	<u> </u>	
FOR SECRETAR	Y OF STATE USE ONLY		President		
			Title		