

1. Corporate ID No. 310403

Street Address Principal Business Office

544 Douglas Avenue

Business Phone No.

1(401)621-7000

2. Name of Corporation

Market Masters, 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 Filing Period: January 1 - March 1 • Filing Fee: \$50,00• • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

State of Incorporation

Rhode Island

* 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.

Providence

State

RI

•	ting services, any a	ncillary purposes, and all ot FICERS: ("X" BOX FOR ATTA		SPACES BEFORE USI	NG ATTACHMENTS
Street Address 544 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	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	72ip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) D FILL, I Director Name	N SPACES BEFORE US	SING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	Сіту	State	Zip
Director Name			Director Name	J	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHOR	 IZED: <i>("X" BOX FO</i>	RATTACHMENT)	I	("X" BOX FOR ATTA	CHIVENT)
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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			100 shares common stock of \$.01 par value		
		ne corporation by an authorize the corporation by the receive		orporation is in the hand	ds of a receiver or trustee,
File Date Check No.		FILED JAN 2 1 2016	Under penalty of perjury including any accompan contained herein are true. Aignature Robert J. Levine	ying schedules and stateme and correct.	have examined this report, nents, and that all statements
Ву:			Print or Type Name		
FOR SECRETA	RY OF STATE USE ONLY		President Title	- 100-1	
<u> </u>		····			Form 630 Rev. 12/06