

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

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

* 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))

in subject to a parally for a \$535.00 is subject to a penalty fee of \$25.00.

1. Corporate ID No.

3. Street Address Principal Business Office 4 Frank Avenue			City	State	Zip
1. Business Phone No.		5. State of Incorporation	West Kingston	RI	02892
401-861-3100		Rhode Island			
Brief Description of the Co	haracter of Business Cor	ducted in Rhode Island			_
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latthew O. Davitt			Vice President Name	ween the second	. A c t index in dispersion in the indi-
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Frank Avenue			Sirver Address		
ity /est Kingston	State	Zip	City	State	17:
cretary Name	RI	02892) Bruit	Zip
atthew O. Davitt			Treasurer Name		
reet Address			Matthew O. Davitt		
Frank Avenue			Street Address		
ity	State	Zip	4 Frank Avenue		
est Kingston	RI	02892	City West Kingston	State	Zip
NAMES AND ADDRE	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT	RI	02892
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MAKES AUTHORIZE	D: ("X" BOX FOR A	TTACHMENT) 🗆	10. SHARES ISSUED	("X" BOX FOR ATTA	 CHMENT\ =
		ļ	ISSUED SHARES - THIS SECTION	ON MUST BE COMPLETED	
is information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
ate. Changes require an additional filing. See Section 9 of truction sheet.			100 common shares \$.01 par value		
worldin bridge.		Ī			
report must be execute	ed on behalf of the	corporation by an authorized	representative. If the co	rporation is in the han	ds of a receiver on to
oport must be execute	on benait of the	corporation by the receiver	or trustee.	i and the state of	as of a receiver of truste
		FII FF			
		FILED			
			Under penalty of perjury,	I declare and affirm that	I have examined this report,
		JAN 2 1 2016	including any accompany contained herein are true	TDY SCHEOULES and states	nents, and that all statement
		1/	A_ a=	and correct.	
Date		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mais		1/2/16
• .			Signature		Date
ck No			_Matthew O. Davi	+	
The Figure	A STATE OF THE STA		Print or Type Name		
			President		