

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

Filing Fee: \$50,00 • FAIL	· · · · · · · · · · · · · · · · · · ·	THIS HEF ON I BI W.	Alionol Wille III	OE1 117 Q 20:00 1 2:10		
1. Entity ID No.	_	2. Exact name of the Corporation				
1002896						
3. Principal office address			City	State	Zip	
2019 SMIDH STREET			NORTH PROU	WENCE KI	02911	
4. Business Phone No.			5. State of Incorporati	on		
(401) 7.31-666	4					
(401) 231-666 6. Brief description of the character	er of business co	onducted in Rhode Island				
1		N ALD EDUC				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name	3 AND ADDITES	OLO/(A DOX OF A	Vice-President Name	Miller (2.1.) i roja, počini pakljani klikatik Mark		
KATHLEEN DIEHEARA			STEPHEN R DICHTACA			
Street Address			Street Address			
			5 PRINCESS PEWE RAND			
5 PRIVERS PIVE	MAD		5 PRINCES	S FIVE COND	7in	
City	State	Zip	City	RI	Zip	
<u> </u>	N	02865	LIVCOW	RL	02865	
Secretary Name			Treasurer Name			
STEPHEN & DICHTARA			STEPHEN & DICHEARY			
Street Address			Street Address			
5 PRINCETS PINE	KOAD		5 PRINCESS	HUE KOND		
City		Zip	City	State	Zip	
LINCOLN	RI	02865	LINCOLN	KE	02865	
8. LIST ALL DIRECTORS (NAM	ES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT) 🔲			
Director Name Director Name						
KATHLEON DICHTARA			STEPHEN & DICHTERPA			
Street Address			Street Address			
5 PRENCESS PINE ROAD			5 PRINCESS PLUE ROND			
City	State	Zip	City	State	Zip	
LOUCOLN	R	02865	LEUCOLN	RI	102865	
Director Name Director Name						
Nove Nove						
Street Address Street Address						
Street Address						
City	State	Zip	City	State	Zip	
City	Claic	1219			ļ ' ⁻	
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9. SHARES AUTHORIZED			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is appropriate of	ranged in the O	iffice of the Courstan	NUMBER OF SHARES	CLASASENIES	PAN VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			100	COMMON	,0/	
See Section 9 of instruction she			,	CONTRACT		
This report must be executed on	behalf of the coi	rporation by an authorize	d representative. If the	corporation is in the hands	s of a receiver or trustee,	
		be executed on behalf of				
Under penalty of perjury, I declare and affirm that I have examined						
File Date this report, including any accompanying schedules and statements,						
		CHEN	and that all-statem	ents contained herein a	e true and correct.	
Check No	FILED $_{\odot}$	1/19/16				
Rus	语 医乳性炎	-		izad Dansacentativa	Date	
Ву:	,	JAN 2 2 2016	Signature of Author	ized Representative	Date	
FOR SECRETARY OF STATE USE ONLY			GRAHEN R DICHTEARA			
Enter the committee of	βV	MUA	Print or Type Name	of Authorized Representa	ative	
Form No. 630 Revised: 01/2012	£. ~~	10-11-				