

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

2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

1. Entity ID No. 12285	2. Exact na	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation TUCKAHOE TRADING CORP						
3. Principal office address 264 EXETER RD			City SLOCUM		State RI	Zip 02877		
4. Business Phone No. 401 294 3100			5. State of Incorporation RHODE ISLAND			2016	SEC	
6. Brief description of the character of business conducted in Rhode Island FARM REAL ESTATE						JAN 2	RETAR	
स्टबर्ग (त्रावण) तहास <u>्य</u> ।	NAMES AND ADD	ESSES ("X" BOX FOR A	TITACHMENTO: TELES	7		-		
President Name LINDA D. TUCKER			Vice-President Name EVE T. KEENAN			2; N 12;	2000 2000 2000	
Street Address 946 E TUCKERTOWN RD			Street Address 946 F TUCKERTOWN RD			57	Z	
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD		State RI	Zip 02879		
Secretary Name EVE T. KEENAN	Treasurer Name LINDA D. TUCKER							
Street Address 946 F TUCKERTO	Street Address 946 E TUCKERTOWN RD							
City WAKEFIELD	State RI	Zip 02879	City State RI			Zip 02879		
9 (MS) AT LADISTECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTAGHMENT)	76 - E			***	
Director Name LINDA D. TUCKER	Director Name EVE T. KEENAN							
Street Address 946 E TUCKERTOW	Street Address 946 F TUCKERTOWN RD							
City WAKEFIELD	State RI	Zip 02879			State RI	Zip 02879		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
			IN CHARES ISSUE	valla Maria	COPATTANE			
			NUMBER OF SHARES	10. SHARES ISSUED ("X" BOXIFOR ATTACH		PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			100	COMMON		NO PAR VALUIE		
See Section 9 of instructi								
This report must be execu	ited on behalf of the	corporation by an authorize	ed representative. If the	corporation i	s in the hands	of a receiver or	trustee.	

this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

JAN 25 2016

and that all statements contained herein are true and correct. inua 12.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

01/22/2016

Signature of Authorized Representative

Date

LINDA D. TUCKER

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012