

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

Jelb PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

			THE PARTY OF THE				<u> </u>		
	ling Period: January 1		•				T) / T. T.		
	ling Fee: \$50.00 • FAII ty ID No.	2. Exact name of		ARCH 31 WILL RESU	LIINAS	525.00 PENAL	IY FEE.		
1. Litur	ty 10 140.	Z. Exact hathe of	the corporation						
	9902	August	: W Mende Ir	nc.					
3. Princ	cipal office address			City		State	Zip		
	235 Chalkstone Avenue			Providence		RT	02908		
4. Busi	4. Business Phone No.			5. State of Incorporation					
	401-331-548	R.4		Rhode Isla	nd				
6. Brief	f description of the charac	ter of business con	ducted in Rhode Island						
	g	م مراة والمدمودات							
18.71.40	General woo		The state of the s						
	FALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ot Solimini			
Preside	ent Name	Vice-President Name							
Ctroot	Shirley V Mende Street Address			Robert H Mende Street Address					
Sueer	12 Bigelow	Rd		12 Bigelo	w Rd				
City	3	State	Zip	City		State	Zip		
	Johnston	RI	02919	Johnston		RI	02919		
Secreta	ary Name			Treasurer Name					
	Robert H Me	Robert H Mende							
Street /	Address			Street Address 12 Bigelow Rd					
	12 Bigelow	_			ow Ru		T=		
City	_ 1	State	Zip	City Johnston		State RI	Zip 02919		
	Johnston	RI	02919	<u> </u>		LAT	UZJIJ		
	FALL DIRECTORS (NAM	IES AND ADDRES	SES) ("X" BUX FUH /	Director Name	ASCULISATION AC	erazione largi appropriem	provincija (1885.). 1885.). 1886. i 18		
Director Name				Shirley V Mende					
Robert H Mende Street Address				Street Address					
	12 Bigelow	БЯ			12 Bigelow Rd				
City	12 Bigeiow	State	Zip	City		State	Zip		
•	Johnston	RI	02919	Johnston		RI	02919		
Directo	r Name	<u> </u>		Director Name					
	Susan Paqli	iaro	No others						
Street A	Address			Street Address					
	22 Mowry Av								
City	- 1 ·	State	Zip	City		State	Zip		
Louis	Johnston	RI	02919						
9. SHA	RES AUTHORIZED	PERCHASING PROPERTY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. SHARES ISSUED (
This in	formation is currently of	record in the Offi	ce of the Secretary	NUMBER OF SHARES	CLASS/SE	:RIES	PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.				165	Co	mmon	none		
See Se	ction 9 of instruction sh	eet.		100	1	·*************************************	++10116		
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This re	eport must be executed or			d representative. If the co the corporation by the red			ot a receiver or trustee,		
				· · · · · · · · · · · · · · · · · · ·			that I have examined		
File L	Date	this report, including	Inder penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements,						
			FILED	and that all statemer	and that all statements contained herein are true and correct.				
Chec	A NO			-1/V	U KI	Then it	1-22-16		
Ву: _			.IAN 4 9 2016	Signature of Authoriz	ed Repres	entative	Date		
	programme in the contract of t		. ILLIN ~ V / IT IT						

File Date		this report, including any accompanying schedule	
	FII FD	and that all statements contained herein are true	and correct.
Check No		1. NA Dilessin	1-24-16
By:	JAN 2 9 2016	Signature of Authorized Representative	Date
FOR SECRETARY OF STATE USE ONLY	KI 17795	Robert H Mende	
orm No. 630	110 177 10	Print or Type Name of Authorized Representative	

Form No. 630