



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 63797		2. Name of Corporation SPAIN III, INC			
3. Street Address Principal Business Office 1073 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-946-8686		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To import, export and buy, sell and generally deal in household goods and house furnishings					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maria T. Rodriguez			Vice President Name Maria T. Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Maria T. Rodriguez			Treasurer Name Maria T. Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI 02940	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Maria T. Rodriguez			Director Name Maria T. Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

FEB 11 2016

File Date	BY
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Maria T. Rodriguez Date 1/14/16
Print or Type Name
President
Title