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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.**

1. Entity ID No.	2. Exact name of the Corporation
1018608	Start Inc.

3. Principal office address	City	State	Zip
19 Maple Street	Warren	RI	02885

4. Business Phone No.	5. State of Incorporation
800-671-9662	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
TRAFFIC SAFETY ECOMMERCE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name	Street Address	City	State	Zip
Barnaby Start	2 Surman Street	Worcester	UK	WR11HL

Vice-President Name	Street Address	City	State	Zip
Michael Silviera	19 Maple Street	Warren	RI	02885

Secretary Name	Street Address	City	State	Zip
Charlotte Jason	19 Maple Street	Warren	RI	02885

Treasurer Name	Street Address	City	State	Zip
Michael Silviera	19 Maple Street	Warren	RI	02885

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000		0.01

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.

File Date _____
Check No 1884
By: _____

FILED
FEB 16 2016

FOR SECRETARY OF STATE USE ONLY BY CK267695

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.

Miriam A. Ross 2/11/16
Signature of Authorized Representative Date

Miriam A. Ross, Esq., Registered Agent
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
132544-2-1104562