



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. 98550		2. Exact name of the Corporation SLIGHTLY UNSTABLES, INC.								
3. Principal office address 171 CHASE ROAD		City PORTSMOUTH	State RI	Zip 02871						
4. Business Phone No. 401-683-6900		5. State of Incorporation RHODE ISLAND								
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A GENTLEMAN'S FARM INCLUDING ANIMAL HUSBANDRY AND AGRICULTURE										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name CORT B. CHAPPELL			Vice-President Name JAMIE M. CHAPPELL							
Street Address 80 EVANS WAY			Street Address 80 EVANS WAY							
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871					
Secretary Name CORT B. CHAPPELL			Treasurer Name JAMIE M. CHAPPELL							
Street Address 80 EVANS WAY			Street Address 80 EVANS WAY							
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name N/A			Director Name N/A							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name N/A			Director Name N/A							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED										
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						0	0	NO PAR		

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.

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 18 2016

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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 of Authorized Representative

Date

CORT B. CHAPPELL, PRESIDENT

Print or Type Name of Authorized Representative