

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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

1. Corporate ID No.	2. Name of Corporation	0 . 1 . 1 . 0	To a c		
31677 3. Street Address Principal Business Q	<u> </u>	Prideland	City	State	Zip ·
3. Sireei Address Principal business Q	South :	street	Providence	RI	02903.
4. Business Phone No.	<u> </u>	5. State of Incorporation			
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5. Brief Description of the Character o	f Business Conducted in R	bode Island Jewe	Iru 1879.	•	
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	OF THE OFFICERS:	("X" BOX FOR AITA	CHMENT)	S BEFORE USING AL	IACAMENTS
resident Name John	M Maa	0 \ - \ \ - \	•		
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ecretary Name			Treasurer Name	1.	
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Street Address					
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. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT		ES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
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Street Address			- Orrect American		
City	State	Zip	City	State	Zip
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irector Name			Director Name		14444
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Sireei Address			Street Address		
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Yuy.	Suite	2.0			
, SHARES AUTHORIZED	1		10. SHARES ISSUED ("X"	BOX FOR ATTACHM	IENT)
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.				I VE	
				1077	
				7	
	\ -\ -\ 16 -6 the	i bu as authoriza	ed representative. If the corpor	ation is in the hands (of a receiver or trustee
this report must be executed this report must be executed to	on behalf of the corn	oration by the receiver	or trustee.	atton is in the names	,, a 10001, of 01 trables,
ms report mast to enterior					
			Under penalty of periury	. I declare and affirm tha	at I have examined this repo
			including any accompan	ying schedules and state	ments, and that all statemen
		EIIFN	contained herein are true	and correct.	_
File Date		I labe	A Julia	n hesul	M 01-05-2
		EED 1 9 2816	Signature		Date
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FOR SECRETARY OF STA	ATE USE ONLY	J / _ ~ _	Tule		F /30 B 00:00
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