

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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 Fyart name o	f the Comoration						
		2. Exact name of the Corporation RONALD PARIS, INC.						
110470	NOWED	i Altio, IIIO.						
3. Principal office address	1		City	Sta		Zip		
1177 CENTRAL AVENUE			PÁWTUCKET	R	l	02861		
4. Business Phone No.			5. State of Incorporation					
401-729-1187			RHODE ISLAND					
6. Brief description of the charac	ter of business co	nducted in Rhode Island			-			
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		TOMO FOR EXCEPTION OF A COLUMN						
rils faltonalia audini			Vice-President Name					
President Name RONALD PARIS, SR.			SCOTT PARIS					
Street Address 80 WILD ACRES DRIVE	Street Address 80 WILD ACRES DRIVE							
City	State	Zip	City	Sta		Zip		
NORTH ATTLEBORO	MA	02760	NORTH ATTLEB	ORO M	A	02760		
Secretary Name RONALD PARIS, JR			Treasurer Name RONALD PARIS, SR.					
Street Address 38 HARMAN AVENUE			Street Address 80 WILD ACRES DRIVE					
City	State	Zip	City	Sta		Zip		
SEEKONK	MA	02771	NORTH ATTLEB	ORO N	IA .	02760		
8-LIST/ALEDIRECTORS/MAI	reside value	SEEDING THE THE						
Director Name RONALD PARIS, SR.			Director Name			· :		
Street Address			Street Address					
80 WILD ACRES DRIVE				· ·		Tere		
City NORTH ATTLEBORO	State MA	Zip 02760	City	Sta		Zip		
		02700	Director Name		· · · · · · · · · · · · · · · · · · ·	1		
Director Name			Director results	· · · · · · · · · · · · · · · · · · ·				
Street Address		1	Street Address		1 .			
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This report must be executed o	n behalf of the con	poration by an authorize	d representative. If the co the corporation by the rec	rporation is in Seiver or in lete	The nance of I	a receiver or trustee,		
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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

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RONALD PARIS, SR.

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012 FEB 2 5 2016 2V 12 17669