

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

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

| Filing Fee: \$50.00 • FAIL | URE TO FILE T | HIS REPORT BY M | ARCH 31 WILL RES | ULT IN A | \$25.00 PENAL | TY FEE. |
|---|-------------------|------------------------|---|--------------|-----------------------|--------------------------|
| 1. Entity ID No. | 2. Exact name of | | | | | • |
| 4523 | Colu | mbia Ho | mes, Inc | , | | |
| 3. Principal office address 211 Atlantic Ave | | | Pronder | nce | State T | Zip 02907 |
| 4. Business Phone No. | | | 5. State of Incorporation | | | |
| 401-885-7421 6. Brief description of the character of business conducted in Rhode Island | | | R.I | | | |
| · | | ducted in Rhode Island | l | | | |
| Real Esta | | | | | | |
| 7. LIST ALL OFFICERS (NAME | S AND ADDRESS | ES) ("X" BOX FOR AT | | | | |
| President Name Abrahan Koncff | | | Vice-President Name Abraham Konoff | | | |
| Street Address | | | Street Address 211 AHanhi Ave City State R + 02907 | | | |
| Oronden e | State 7 | Zip 0290) | City | n se | State 1 | Zip 02907 |
| Secretary Name Abraham Ka | | | Treasurer Name Abrahay | | | |
| Street Address 211 Hantie Ave City State Zip | | | Street Address 211 A + lantz tue | | | |
| City Providence | State P | Zip 0290) | City | nce | State P_T | ^{Zip} 290) |
| 8. LIST ALL DIRECTORS (NAM | | SES) ("X" BOX FOR | ATTACHMENT) | | | |
| Director Name | / | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | | State | Zip |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED | ("X" BOX | FOR ATTACHM | ENT) |
| • | | | NUMBER OF SHARES | CLASS/SE | RIES | PAR VALUE |
| This information is currently of of State. Changes require an ad- | | ce of the Secretary | 600 c | hoire | 5 no 1 | ar value |
| See Section 9 of instruction sheet. | | | 3 | | <u>ų</u> . | |
| This report must be executed on | • | • | d representative. If the o the corporation by the re | • | | f a receiver or trustee, |
| ······································ | no report made de | | | | | that I have examined |
| File Care | | | | | | edules and statements, |
| Check No | | | and that all stateme | ents contai | ned nerein are 1 - | true and correct. |
| | | j=10 | & Kle K | 0 X | 0117 | 1-20-1 |
| Ву: | | FILED | Signature of Authori | zed Repres | ent er#e | Date |
| FOR SECRETARY OF STATE U | ISE ONLY | | Abraha Print or Type Name | im K | onoff | <u> </u> |
| orm No. 630 | | FEB 2 9 201 | Print or Type Name | of Authorize | ed Representativ | /e |
| evised: 01/2012 | 1 | 46/17276 | | | | |
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Revised: 01/2012