

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,
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File Care						edules and statements,
Check No			and that all stateme	ents contai	ned nerein are 1 -	true and correct.
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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
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Revised: 01/2012