



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. 128758		2. Exact name of the Corporation Bountiful, Inc.		
3. Principal office address 38 Bellevue Avenue, Suite H		City Newport	State RI	Zip 02840
4. Business Phone No. 401-841-8480		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Own and operate recreational vehicles				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name George E. DeTray		Vice-President Name		
Street Address 2740 SW Martin Downs, #413		Street Address		
City Palm City	State FL	Zip 34990	City	State Zip
Secretary Name Steven M. McInnis		Treasurer Name George E. DeTray		
Street Address 38 Bellevue Avenue		Street Address 2740 SW Martin Downs, #413		
City Newport	State RI	Zip 02840	City Palm City	State FL Zip 34990
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name George E. DeTray		Director Name		
Street Address 2740 SW Martin Downs, #413		Street Address		
City Palm City	State FL	Zip 34990	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 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
		100	Common	\$.01 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 BY **MC 1487**

FILED

MAR 16 2016

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.

Steven M. McInnis 3/14/16
 Signature of Authorized Representative Date

Steven M. McInnis

Print or Type Name of Authorized Representative