

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

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(cc/d)) is

| subject to a penalty fee of \$25.00.  | Jon (c), cath tarperanon j. |                              |  |                           |                    | <del></del> |
|---|-----------------------------|------------------------------|--|---------------------------|--------------------|-------------|
| 1. Corporate ID No.   | 2. Name of Corporation      | La Compana                   | The.   |                           |                    |             |
| 3. Street Address Principal Business C<br>20 5 Ver SPVI   |                             | *1                           | Providence   | State                     | 2ip 020            | 104         |
| 4. Business Phone No. 5. State of Incorporation Shared LSaud  |                             |                              |  |                           |                    |             |
| Cetal 9 Wholesole SUCS of electrical equiphents fixtures of supplies of leater services, names and addresses of the officers: ("x" box for attachment)   Fill in spaces herore using attachments  |                             |                              |  |                           |                    |             |
| William F. Donalwe II   |                             |                              | Lo Nald LefoSa   |                           |                    |             |
| 11 Commo Fam Drive  |                             |                              | 458 Soving Street  |                           |                    |             |
| Smithfield  | State                       | <sup>210</sup> 02917         | Fockville Treasurer Name   | State                     | 028                | 13          |
| Laureen & Donahue   |                             |                              | Laureen h. Doxahue   |                           |                    |             |
| Us Whitewood Road   |                             |                              | 16 Whitewood Kored   |                           |                    |             |
| HILFORD ADDRESSES   | State  HA  OF THE DIRECTOR  | 01757<br>S: ("X" BOX FOR ATT | MilfOVA ACHMENT)   FILL IN SP  | HA<br>ACES BEFORE USING A | 21007E<br>TTACHMEN | 57          |
| 0. Million 111.2 112.2 114.1  |                             |                              | Lavreen & Donalue  |                           |                    |             |
| Sirver Address  11 Con a or C for My Druse  |                             |                              | 16 Whitewood Road  |                           |                    |             |
| Cary Cald   | State<br>P. J               | D2917                        | City Hilford   | State<br>HA.              | Zip 0/7            | 57          |
| Director Name  Director Name  |                             |                              |  |                           |                    |             |
| Street Address  |                             |                              | Street Address   |                           |                    |             |
| City  | State                       | Zip                          | City   | State                     | Zip                |             |
| 9. SHARES AUTHORIZED  |                             |                              | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  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.  |                             |                              | 3000   | Common                    | no                 | per         |
| BOOD COMMON   | no par                      |                              |  | <u></u>                   |                    |             |
| This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the names of a receiver of trustee, this report must be executed on behalf of the corporation by the receiver or trustee. |                             |                              |  |                           |                    |             |
| FILED   |                             |                              |  |                           |                    |             |
| WAR 1 6 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  |                             |                              |  |                           |                    |             |
| File Date   |                             |                              |  |                           |                    |             |
| Check No.   |                             |                              | Signature  | C. N. J.                  | Date TV            | -           |
|   |                             |                              | Print or Type Name   | L DONOU                   | N - LE             |             |
| FOR SECRETARY OF STA  | TE USE ONLY                 |                              | - Preside  | ent-                      |                    |             |
|   |                             | j                            |  |                           | Form 630           | Rev. 08/08  |