

## 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

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## 2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

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

				SULT IN A \$25.00 PEN	
1. Entity ID No.	1	e of the Corporation			
000000665			YINC.		
3. Principal office address	ER Ave,	HUE	WOOMSOCH	TET RIT	Zip 02895
4. Business Phone No.			5. State of Incorpora	tion	
6. Brief description of the char	racter of business o	conducted in Rhode Islan	d	, 1011	
OWN Real					
7. LIST ALL OFFICERS (NAI	MES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT) 🗌 🚎 🧓	i contenium pre 45 gra	ena en
President Name (evin DALLAM			Vice President Name IMDERLY L. Allam		
Street Address 1104 May FARM ROAD			Street Address 1104 May FARM ROAD		
BARTON	State	Zip 05872	BARTON	State	Zip 0582Z
Kimber Ly	L. All	4 M	Treasurer Name	D. Alla	M
Street Address 1104 MAy	FARM 1	ZOAD	Street Address M,	44 FARM	ROAD
BARTON	SIZI	0582Z	BARTON	State	<sup>Zip</sup> 05822
8. LIST ALL DIRECTORS (NA	AMES AND ADDRI	ESSES) ("X" BOX FOR			
Director Name	DA/a	AM	Director Name		22
Street Address /			Street Address		a om
1104 MAY F.		oAd			S ORR
1	State	Zip	City	State	Zi <b>zio</b>
BARTON	VT	05822			RARE
Director Name	VT		Director Name		→ <u>→ → → → → → → → → → → → → → → → → → </u>
	DT		Street Address		→ <u>→ → → </u>
Director Name	State			State	→ <u>→ → → → → → → → → → → → → → → → → → </u>
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Director Name Street Address City 9. SHARES AUTHORIZED	State	0582Z   Zip	Street Address City		T AMII: 5
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of State. Changes require an	State  State  of record in the O additional filing.	0582Z   Zip	Street Address City 10, SHARES ISSUED	O("X" BOX FOR ATTACH	T AMIL: SI
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently	State  State  of record in the O additional filing.	0582Z   Zip	Street Address  City  10: SHARES ISSUED  NUMBER OF SHARES	O("X" BOX FOR ATTACH	7 AMII: SIV
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of State. Changes require an	State  of record in the O additional filing, sheet.  on behalf of the con	Zip ffice of the Secretary	Street Address  City  10, SHARES ISSUED  NUMBER OF SHARES  200  d representative. If the othe corporation by the re-	CLASS/SERIES  corporation is in the hands eceiver or trustee.	AM SOLVED  ZIP  PAR VALUE  O, O G  of a receiver or trustee,
Director Name  Street Address  City  9. SHARES AUTHORIZED  This information is currently of State. Changes require an See Section 9 of instruction s  This report must be executed of the state of the s	State  of record in the O additional filing, sheet.  on behalf of the con	Zip  ffice of the Secretary  rporation by an authorize be executed on behalf of	Street Address  City  10: SHARES ISSUED  NUMBER OF SHARES  2 00  d representative. If the othe corporation by the relative penalty of pethis report, including	CLASS/SERIES  Corporation is in the hands eceiver or trustee.  erjury, I declare and affiring any accompanying so	AM SOF STATE  ZIP  MENT)  PAR VALUE  C, O G  To f a receiver or trustee,  m that I have examined chedules and statements.
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