

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 Ferrod: 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. 2. Exact name of the Corporation			
791101 Williston Par	LTV+ 3	Radia 7	- n (
3. Principal office address 18 (3977 a. Blud)	City	State	Zip 11735
4. Business Phone No.	5. State of Incorporatio		177755
6. Brief description of the character of business conducted in Rhode Island	1 New	york /	
TV+ Appliance Repairs	/		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT			
President Name Deorge Papadopovlos	Vice-President Name	None	
Street Address 10 Gezza Blud.	Street Address	n/c	
Farming date State NV 11735	City	State	Zip n/G
Secretary Name Paradbio vlor	Treasurer Name	11 Imp	· · ·
Street Address Cazza Bluch.	Street Address	nla	
City Zip Zip	eity	State	la Zip n/a
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR A	1	/a n	/q n/n
Director Name	Director Name	n 1	Chief and to the real of the control
Street Address	Street Address	None	
n/a	olieet Address	nla	
City N G State N G Zip N G	City	State	Zip
Director Name Name Name	Director Name	1/- 0	a n/a
Street Address	Street Address	vone	
n/a	$\lfloor n \rfloor$	۹	
City State Na Zip Na	City	State	Zip n/G
9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHM	
This information is currently of record in the Office of the Secretary	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
of State. Changes require an additional filing. See Section 9 of instruction sheet.	20	Common	none
This report must be executed on behalf of the corporation by an authorized	representative. If the co	paration is in the heads o	
this report must be executed on behalf of ti	he corporation by the rec	eiver or trustee.	
File Date	Under penalty of peri	ury, I declare and affirm any accompanying sch	that I have examined
Check No. FILED	and that all statemen	s contained herein are t	true and correct.
SININV AGGINSUIG			- 3/17/16
MAR 2 1 , 2016	signature of Authorize	d Representative	Date
POH SECRETARY OF STATE USE ONLY BY 1919 1919 1919 1919 1919 1919 1919 19	Print or Type Name of		povlas
Revised of 20 13038	- ~ V	,	
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