

1. Entity ID No.

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

2. Exact name of the Corporation

20 SFS Corp

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2016

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 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Business Phone No. #United State of Incorporation ### ### #############################	3. Principal office address	CA D	and	Tiventon	State	02878
8. Birlef description of the character of business conducted in Rhode Island (**CASAL OFFICERS** (NAMES AND ADDRESSES) (**X** BOX FOR ATTACHMENT) 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (**X** BOX FOR ATTACHMENT) Prosident Name Street Address	4 Rusiness Phone No.					J - 0 18
6. Brief description of the character of business conducted in Rhode Island Con New Lance Store Project II. T. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name	401-625-5200			AHide Island		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Coccept A SAbinus Street Address	6. Brief description of the charac	cter of business co	nducted in Rhode Island			
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President Name						<u> </u>
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State	Secretary Name			Treasurer Name		
State	Street Address			Street Address		
State	31 Red CAK LANE					
B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name	City	State	Zip	City	State	Zip
Director Name Director Name		l				
Street Address City State Zip City State Zip Director Name Street Address Street Address City State Zip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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. 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. 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. Signature of Authorized Representative Print or Type Name of Authorized Representative		MES AND ADDRE	SSES) ("X" BOX FOR			
City State Zip Director Name Street Address City State Zip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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. 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. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements contrined herein are true and correct. By:	Director Name			Director Name		
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FOR SECRETARY OF STATE USE ONLY WAR 2 1 2016 Signature of Authorized Representative Date First or Type Name of Authorized Representative	Check No		LIFER	and the sate	C CONTAIN TO HOLDING	- / 472 /
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