



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. 80718		2. Exact name of the Corporation Turnkey Expo, Inc.			
3. Principal office address 318 Chalkstone Avenue		City Providence	State RI	Zip 02908	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To Operate a Retain Sales Establishment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patricia Tsoumas			Vice-President Name		
Street Address 318 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	
Secretary Name Carol Angell			Treasurer Name Thomas Tsoumas		
Street Address 318 Chalkstone Avenue			Street Address 318 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Patricia Tsoumas			Director Name Dawn DeRentiis		
Street Address 318 Chalkstone Avenue			Street Address 3261 Olde Hampton Drive		
City Providence	State RI	Zip 02908	City Wellington	State FL	Zip 33414
Director Name Carol Angell			Director Name		
Street Address 318 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	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
			750	Common	No 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

FILED

MAR 23 2016

Form No. 630
Revised: 01/2012

By 270711

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.

Patricia Tsoumas 2-12-16
Signature of Authorized Representative Date

Patricia Tsoumas

Print or Type Name of Authorized Representative