

## 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. <b>80126</b>	l l	e of the Corporation ogy Specialists, I	ts, Ltd.		
3. Principal office address 45 Wells Street, Suite 102			City <b>Westerly</b>	State RI	Zip <b>02891</b>
4. Business Phone No. <b>401-596-4499</b>			5. State of Incorporation RHODE ISLAND		
6. Brief description of the cha The rendering of pro					
7. LIST <u>all</u> officers (n <i>i</i>	AMES AND ADDRE	SSES) ("X" BOX FOR AT			
President Name Howard L. Haronian			Vice-President Name Steven M. Kutz		
Street Address 45 Wells Street, Suite 102			Street Address 45 Wells Street		
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name Jon F. Scheiber			Treasurer Name Steven M. Kutz		
Street Address 45 Wells Street, Suite 102			Street Address 45 Wells Street		
City Westerly	State <b>RI</b>	Zip <b>02891</b>	City Westerly	State <b>RI</b>	Zip <b>02891</b>
8. LIST ALL DIRECTORS (	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None	1	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUEI	D ("X" BOX FOR ATTACI	IMENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  See Section 9 of instruction sheet.			100	Common	No Par
This report must be execute	ed on behalf of the o	corporation by an authorize it be executed on behalf of	the corporation by the i	receiver or trustee.	
File Date			this report, includi	erjury, I declare and affi ing any accompanying s ents contained herein a	chedules and statemer
Check No		FILEDa	/ X		
Ву:			Signature of Author	rized Representative	Date 7
FOR SECRETARY OF STA	ATE USE ONLY	MAR 2 8 2016	Hongus		
		_	Drint or Timo Mama	e of Authorized Represent	ative