

State of Rhode Island and Providence Plantations Department of State - Business Services Division

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SECRETARY CORPORATION 1

Profit Corporation Annual Report for the year: 201 Filing period: January 1 - March 1 Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENACTY 1. Entity ID Number 2. Exact name of the Corporation 3. Principal Office Address State Zip · Owlet 05/20 4. Business Phone Number 5. State of Incorporation 6. Brief description of the character of business conducted in Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Street Address Street Address 60 State City State Zip Secretary Name Treasurer Name Street Address Street Address City State Zip City State Zip 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Department of State. \mathcal{T} Changes require an additional filing. 11. 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. Name of Authorized Representative Date ×7.8

SIGN DOCUMENT HERE

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BY Ch271355

Form No. 630 Revised: 2016

Signature of Authorized Representative