

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

		vidence, knode islar mail: corporations@sc	os.ri.gov   <b>Website:</b> ww	w.sos.ri.gov	3	The State of the S	
Profit Corporation Annual Report for the year: Filing period: January 1 - March 1 Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY							
Ing Fee: \$50.00 FA		ne of the Corporation	MARCH 31 WILL RE	SULI IN A		NALCHTEE. س	
74854		rmations Inc					
3. Principal Office Address			City	Isi	ate	Zip	
403 Charles Street			Providence		રા	02904	
4. Business Phone Number			5. State of Incorporation				
401-861-4500			Rhode Island				
6. Brief description of the	character of busin	ess conducted in Rho	de Island			,	
To Build Product Pro	totypes						13
7. List ALL officers (name	s and addresses)		Ch	eck the box	to indicate a	n attachment	
President Name Robert Wilkie			Vice-President Name Leeanne Wilkie				
Street Address 403 Charles Street			Street Address 403 Charles Street				
City Providence	State RI	<sup>Zip</sup> <b>02904</b>	City Providence State		ate RI	<sup>Zip</sup> <b>02904</b>	
Secretary Name Leeanne	Treasurer Name Robert Wilkie						
Street Address 403 Charles Street			Street Address 403 Charles Street				
City Providence	State RI	<sup>Zip</sup> <b>02904</b>	City Providence Stat		<sup>ate</sup> RI	<sup>Zip</sup> <b>02904</b>	
8. List ALL directors (nam	es and addresses	)		eck the box	to indicate a	an attachment	
Director Name	•		Director Name				
Street Address			Street Address	·			
City	State	Zip	City	St	ate	Zip	
9. Shares Authorized			10, Shares Issued	Check box to indicate an attachment			
			NUMBER OF SHARES	CLASS/SERIES PAR VALUE		PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.			400	Common		No Par Value	
11. This report must be ex receiver or trustee, this re Under penalty of perjury	port must be exec	uted on behalf of the o	corporation by the recei-	ver or truste	е		
statements, and that all	statements conti			<i>-</i>			
Name of Authorized Repr		Date					
Robert Wilkie	1	3-31-16					
Signature of Authorized R	epresentative	11/2/10/					

FILED

MAR 3 1 2016

Form No. 630 Revised: 2016