



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 790016		2. Name of Corporation 3 Guys Hydroponics, Inc.			
3. Street Address Principal Business Office 766 Atwood Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-0000		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide title and closing services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter J. Smith, Sr.			Vice President Name NONE		
Street Address 766 Atwood Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Stephen W. Beltrami, Jr.			Treasurer Name Gary S. Howard, Jr.		
Street Address 95 Searle Street			Street Address 92 Carlton Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter J. Smith, Sr.			Director Name Gary S. Howard, Jr.		
Street Address 766 Atwood Avenue			Street Address 92 Carlton Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02910
Director Name Stephen W. Beltrami, Jr.			Director Name NONE		
Street Address 95 Searle Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			300	Common	No Par Value

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 31 2016

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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 _____ Date 3/21/16

Stephen W. Beltrami, Jr.

Print or Type Name

Secretary

Title