



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

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 APR 14 PM 4:00

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation		
1100177		We fix it Inc.		
3. Principal Office Address		City	State	Zip
218 Wickenden street		Providence	R.I	02903
4. Business Phone Number		5. State of Incorporation		
401-277-1163		Rhode Island		
6. Brief description of the character of business conducted in Rhode Island				
Electronic Repair Services.				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name		
Unsal Arda				
Street Address		Street Address		
22 Linwood AVE				
City	State	Zip	City	State
Providence	R.I	02911		
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100		0.01
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
Unsal Arda				04/14/16
Signature of Authorized Representative				
<i>Unsal Arda</i>				
SIGN DOCUMENT HERE				

FILED

APR 14 2016

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 A.A.