

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

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Profit Corporation Annual Report for the year: 2009						
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						
Filing Fee: \$50.00 *FAILUF	RE TO FILE T	HIS REPORT B	Y MARCH 31 WILL I	RESULT IN A \$25.0	PENALTY FEE	
1. Entity ID Number	2. Exact name	of the Corporation		and the condition of th	Montagair a Lawrence	
3. Principal Office Address	_Contro	act Max	ragement	Internation	nal Exist	
3. Frincipal Office Address		1679-14-28-154 <u>-14-14-17</u>	Experity and and	State	Zip	
554 Jepson 4. Business Phone Number	LN-	## 150d####################################	middlet	awn RI	02842	
461-855-23		5. State of Incorpo	oration as ideals as a second			
6. Brief description of the character of business conducted in Rhode Island						
Consulting r	Mana Gem	1		and a common of the common of	inerojentakoj eskoj producjia, kiej pietaki ja iniĝis.	
7. List ALL officers (names and addresses) President Name			en inggestant sengatary: (sie (Check the box to indicate an attachment		
Seth Redlich			Vice-President Name	Vice-President Name		
Street Address			Street Address	·		
S54 Depson LN City State Zip						
middletown	State RI	12ip 102842	City	State	Zip	
Secretary Name		Treasurer Name				
Leonard Katz Street Address						
162 Space		Street Address				
City	State	Zip	City	State	Zip	
Portsmouth	RI	02871		0.2.0	المارية المارية	
 List ALL directors (names and Director Name 		and the contract of the contra	heck the box to indica	ite an attachment		
2 i color Marile			Director Name			
Street Address			Street Address			
			01100171001033			
City	State	Zip	City	State	Zip	
		<u> </u>				
9. Shares Authorized		ita kururu Pac	10. Shares Issued	Check box to indica	te an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		10	common	1.00		
1. This report must be executed eceiver or trustee this report m	d on behalf of the	ne corporation by	an authorized represen	tative. If the corporation	on is in the hands of a	
eceiver of trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Jinder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
Name of Authorized Representative						
Date Date						
Seth Kedhen 5/10/16						
Signature of Authorized Representative						
SIGN DOCUMENT HERE						
10						

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Form No. 630 Revised: 2016