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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

3. Principal Office Address 873 Bancroft Place 4. Business Phone Number 8 8 8 - 5 8 - 3 1 3  6. Brief description of the character of business conducted in Rhode Island Product Sales 7. List ALL officers (names and addresses) 873 Bancroft Place 8 Street Address 873 Bancroft Place 8 City Lady Lake 9 State   Zip   State   Zip   8 Street Address 8 Street	1. Entity ID Number <b>1410061</b>			e Corporation	-				
4. Business Phone Number  \$\text{S-5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		l	stem	is inc.			·		
4. Business Phone Number  888-518-3113  6. Brief description of the character of business conducted in Rhode Island  Product Sales  7. List ALL officers (names and addresses)  7. List ALL officers (names and addresses)  873 Bancroft Place  City Lady Lake  State FL  Zip 32162  City  State  Zip  Check the box to indicate an attach  Director Name  Director Name  Lynette M. Robbins  Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Street Address  Check the box to indicate an attach  Director Name  Street Address  City  Lady Lake  Street Address  City  State  Zip  Street Address  City  State  Zip  On Check the box to indicate an attach  Director Name  Street Address  City  State  Zip  On Check the box to indicate an attach  Number of State.  In Shares Issued  Check the box to indicate an attach  Number of State.  Chapses require an additional filling.  No Par Value  Changes require an additional filling.  In This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a or trustee, busine 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.  Value of Authorized Representative  Lynette M. Robbins	3. Principal Office Address				City	City State			Zip
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Lynette M. Robbins	Under penalty of perjury statements, and that all	/, I declare and affi statements contai	irm tha	at I have exan	nined this repo	rt, including a	ny accompanyin	g schedu	iles and
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Signature of Acchorized Representative/ /// .	•		9				<u> </u>	20/16	· 
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED OV JUL 26 2016

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