



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

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. 314373 | | 2. Name of Corporation BACK STREET INC | | | |
| 3. Street Address Principal Business Office 128 Highland Avenue | | | City Seekonk | State MA | Zip 02771 |
| 4. Business Phone No. (508)336-6333 | | 5. State of Incorporation Massachusetts | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island sign installation | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Karen Martins | | | Vice President Name | | |
| Street Address 128 Highland Avenue | | | Street Address | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip |
| Secretary Name Karen Martins | | | Treasurer Name Gary Martins | | |
| Street Address 128 Highland Avenue | | | Street Address 128 Highland Avenue | | |
| City Seekonk | State MA | Zip 02771 | City Seekonk | State MA | Zip 02771 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Karen Martins | | | Director Name | | |
| Street Address 128 Highland Avenue | | | Street Address | | |
| City Seekonk | State MA | Zip 02771 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares | Class/Series | Par Value |
| | | | 100 shares common stock of 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.

FILED

AUG 01 2016

By **KL 2122**

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.

Karen Martins
Signature

07/01/2016
Date

Karen Martins
Print or Type Name

President
Title

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY