



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

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 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 AUG -4 PH 1:21

Profit Corporation Annual Report for the year: 2015

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 <u>789962</u>		2: Exact name of the Corporation <u>3E Corp I</u>	
3: Principal Office Address <u>227 West Main Rd</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
4: Business Phone Number <u>401-239-8928</u>		5: State of Incorporation <u>RI</u>	
6: Brief description of the character of business conducted in Rhode Island <u>HORSE FARM</u>			
7: List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DENISE FLEURANT</u>		Vice-President Name <u>None</u>	
Street Address <u>552 West Main Rd.</u>		Street Address	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	
Secretary Name <u>Denise Fleurant</u>		Treasurer Name <u>Denise Fleurant</u>	
Street Address <u>552 West Main Rd.</u>		Street Address <u>552 West Main Rd.</u>	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>
8: List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	Zip	City State Zip
9: Shares Authorized			
10: Shares Issued Check box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			
NUMBER OF SHARES <u>100</u>		CLASS/SERIES	PAR VALUE <u>0.01</u>
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 <u>DENISE A. FLEURANT</u>		Date <u>8/4/2016</u>	
Signature of Authorized Representative <u>Denise A. Fleurant</u>		SIGN DOCUMENT HERE	

FILED

AUG 04 2016 P

By 280657
A.A. 1:24 p.m.