



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

2016 AUG -4 PM 1:21

Profit Corporation Annual Report for the year: 2013

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>	City	State <u>RI</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>
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
9. Shares Authorized				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
		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

By 280651
A.A. I. Zapm.