(53)	
(62)	
/ Att. /	

State of Knode 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.

1. Entity ID Number	2. Exact name	of the Cor	poration					
552149	LVR I	NC.						
3. Principal Office Address	<u>, , , , , , , , , , , , , , , , , , , </u>			City		State	Zip	
75 WEST 2157 STREET				NORTHOMPICA	j	PA	18067	
4. Business Phone Number				5. State of Incorporation				
6/0-262-1135				PA				
<ol><li>Brief description of the cha</li></ol>							·	
DISTRIBUTION OF		f Room	UCTS (	SPLES)				
7. List ALL officers (names a	nd addresses)				Check t	he box to ir	ndicate an attachment	
President Name	sa)			Vice-President Name	ZEROGE			
				Street Address  75 West 2	157 CTAGE	_		
Street Address 7 WENT 215 5 City NOKTURMPTON	State	Zip	8067	City NORTHONOTO	,	State	Zip /8(X/)	
Secretary Name				Treasurer Name				
Street Address	- 202			Street Address				
City	State	Zip		City		State	Zip	
8. List ALL directors (names a	and addresses)	<u>.</u>			Check th	ne box to in	dicate an attachment	
Director Name	,			Director Name	Check th	e box to in	dicate an attachment	
`	,			Director Name Street Address	Check th	ne box to in	dicate an attachment	
Director Name SOME DS OC Street Address	Gars	Zip		Street Address	Check th			
Director Name Same めい	,	Zip			Check th	ne box to in	dicate an attachment	
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Director Name  SIDME DS OC  Street Address  City	State	<u> </u>	Shares Iss	Street Address City	,	State he box to ir	Zip	
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Director Name SIME DS OC Street Address  City  9. Shares Authorized  This information is currently of Department of State.  Changes require an additional  11. This report must be executed.	State  f record in the filling.	10.	NUMBER OF	Street Address  City  Sued SHARES  authorized representati	Check to CLASS/SERIES	State he box to in	Zip ndicate an attachment PAR VALUE	
Director Name Street Address  City  9. Shares Authorized  This information is currently of Department of State.  Changes require an additional  11. This report must be executor trustee, this report must be	State  State  f record in the filling.  Ited on behalf of the executed on behalf.	10. he corpora	NUMBER OF	Street Address  City  SHARES  authorized representation by the receiver or trust	Check to CLASS/SERIES ive. If the corpee.	State he box to in	Zip  ndicate an attachment  PAR VALUE  n the hands of a receiver	
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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 OZ

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