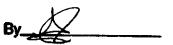
State of Rhode Island and Providence Plan	ntations					
Department of State - Busines		Division				
Annual Report for the year:	1(0					
Corporation	10	_				
→ Filing period: January 1 - March 1		Λ~	lilan		2 995 0	
→ Filing Fee: \$50.00		hu	Valence		5 <u> </u>	
→ Penalty: Additional \$25.00 fee if form is not form	iled by April 1.				프 문의공	
Entity ID Number 2. Exact name of the	Corporation				- 000	
	ared Inc				- 5 <∺	
3. Principal Office Address		City		State	Zip	
PO BOX 1205		Cove	atro	<u> </u>	02816	
4. Business Phone Number			ncorporation	1		
401-450-6309		RI				
6. Brief description of the character of business conducted in Rhode Island						
Lontractor Services						
7. List ALL officers (names and addresses)		lie s	C	heck the box to inc	dicate an attachment	
President Name	By Vigner	Vice-Preside	nt Name	Mullices		
Street Address Street Address SAME Street Address SAME						
	ip	City	241	\L State	Zip	
July State	P	Oit,		State	zih	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City.						
City State Zip		City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name Tony Vignesu		Ton Mullian				
Street Address	Street Address) Huckleberry Rd					
City State 11 Zip		City	2) Thekles			
Seekink MA	02771	[\ \(\(\ell_{\ell} \)	iventy	State RI	Zip 02816	
	10. Shares Issu			neck the box to inc	dicate an attachment	
This information is currently of record in the Department of State.	3	AVACEO	00.433	BERIES		
Changes require an additional filing.	ol ol	-			.01	
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.						
· / //				Date R	111/16	
אין						
SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

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

AUG 1 5 2016 11:45



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

