

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20\3 _____

-> 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 Corporation						
3. Principal Office Address	d P.O.	B1X430	City East Greenwich	State RI	Zip 02818	
4. Business Phone Number			5. State of incorporation	1 .		
401 884 25	<u> </u>		khode Island			
6. Brief description of the character of business conducted in Rhode Island HANUTATIVE ST ANNIV WINDUSSES FOR DOCTS						
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
Purton S. Raymond TIT			Vice-President Marie			
25 Paknow Ct.			25 taknowd G			
E Granwich_	State	^{zip} 02818	E. Granw	M State	82818	
BUYTON S Raymond III			Tregerier Narde Frik			
25 Palwox	5 rakword G.			25. Pak Nood Ct.		
EGranwh	State R	702818	E Granne	State	20288	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized	10. Shares iss		Check the box to indic			
This information is currently of record in the		NUMBER OF	SHARES G	LASS/SERIES	PAR VALUE	
Department of State.		as blace	~~			
Changes require an additional f		110 CHUM	45			
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 Authorizad Representative Date						
I E.P. Jank				Aucus	\$24,2016	
Signature of Authorized Representative SIGN DOCUMENT HERE						

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:13 AUG 2 5 201

BY 382100

FORM 630 - Revised: 05/2016