

## State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401)	222-3040   Ema	il: corporations@so	s.ri.gov   <b>Website:</b> w	ww.sos.ri.gov	RATIONS PLY
Profit Corporation An Filing period: January 1 - M	larch 1	-			30 AM 10: 48
Filing Fee: \$50.00 *FAILUI  1. Entity ID Number	RE TO FILE TI	HIS REPORT BY	MARCH 31 WILL F	RESULT IN A \$25.00	PENALTY FEE.
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7084/ 3. Principal Office Address  (455 MINERAL 4. Business Phone Number	ן אטאאן	_ 'NTLOR	JAON IN		
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4 Business Phone Number	3 M4NG	- AUF.	5. State of Incorpo	R.T.	02904
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7. List ALL officers (names and	d addresses)			heck the hox to indicat	e an attachment
President Name			Check the box to indicate an attachment Vice-President Name		
DANTIL WHO TRUCK			Street Address		
DANTIL WEED FUCEN  Street Address  The Dantie WEED FUCEN  Street Address  City  No. 1  R. F. 2ip  D. 2964			FRANK WEENTWEEK  Street Address  231 LEXTNUTTON AUG  City N.P. State Zip  R.T. 02904		
City	State	Zip	City	State	Zip
Secretary Name	R:4.	02904	Trace View	P.J.	02904
besicially Haims			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
B. List ALL directors (names ar	nd addresses)	Springer Andrews	C	heck the box to indicate	e an attachment
Director Name			Director Name		
Street Address			Street Address		
		T			
Dity	State	Zip	City	State	Zip
). Shares Authorized			10. Shares Issued	Check box to indicate	an attachment
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			$\widehat{\mathcal{L}}$		
manager require an additional in	9.				
1. This report must be execute	ed on behalf of th	ne corporation by an	  authorized represen	lative. If the corporation	is in the bands of a
eceiver of trustee, this report n	nust be execute	d on behalf of the co	rporation by the rece	iver or trustee	
Inder penalty of perjury, I de tatements, and that all state	ments containe	n that i have exami ed herein are true a	nea this report, incl ind correct.	uding any accompany	ing schedules and
lame of Authorized Represent	ative			Date	o constituti de de servicio de
DANJEZ WI	<b>半</b> え		87	3cs//	
ignature of Authorized Repres	entative	0:01/200			
	<u> </u>	SIGN DOCU	MENT HERE	mark St.	
			FIL	EU	

Form No. 630 Revised: 2016