



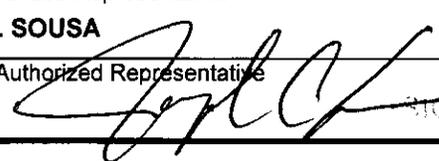
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 R.I. DEPARTMENT OF STATE

2016 OCT 17 AM 11:42

1. Entity ID Number 000131501		2. Exact name of the Corporation 90 ALDRIDGE ST., INC	
3. Principal Office Address 21 INDUSTRIAL DRIVE		City SMITHFIELD	State RI
		Zip 02917	
4. Business Phone Number 401-223-6223		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island THE PURCHASE AND LEASING OF REAL ESTATE AND ANY OTHER LAWFUL PURPOSE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH A. SOUSA		Vice-President Name KERRY REID	
Street Address 21 INDUSTRIAL DRIVE		Street Address 21 INDUSTRIAL DRIVE	
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD
			State RI
			Zip 02917
Secretary Name JOSEPH A. SOUSA		Treasurer Name KERRY REID	
Street Address 21 INDUSTRIAL DRIVE		Street Address 21 INDUSTRIAL DRIVE	
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD
			State RI
			Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEPH A. SOUSA		Director Name KERRY REID	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		200	COMMON
			NO PAR
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. <i>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.</i>			
Name of Authorized Representative JOSEPH A. SOUSA			Date 10/13/2016
Signature of Authorized Representative 			
SIGN DOCUMENT HERE			

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

OCT 17 2016
 By 286115
 A.A.