STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
124601	FELRAP WORLD, INC.		
3. Principal office address: 71 KICKEMUIT COURT	City: SWANSEA	State: MA	Zip: 02777
4. Business Phone No.: 401-245-4796	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: RETAIL AND WHOLESALE OF EQUIPMENT, PARTS AND SUPPLIES RELATED TO THE LAUNDRY BUSINESS			

OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: JOSEPH R. FERNANDES			Vice-President Name: KAREN M. FERNANDES		
Street Address: 71 KICKEMUIT COURT			Street Address: 71 KICKEMUIT COURT		
City: SWANSEA	State: MA	Zip: 02777	City: SWANSEA	State: MA	Zip: 02777
Secretary Name: JOSEPH R. FERNANDES			Treasurer Name: KAREN M. FERNANDES		
Street Address: 71 KICKEMUIT COURT			Street Address: 71 KICKEMUIT COURT		
City: SWANSEA	State: MA	Zip: 02777	City: SWANSEA	State: MA	Zip: 02777

DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: JOSEPH R. FERNANDES			Director Name: KAREN M. FERNANDES		
Street Address: 71 KICKEMUIT COURT			Street Address: 71 KICKEMUIT COURT		
City: SWANSEA	State: MA	Zip: 02777	City: SWANSEA	State: MA	Zip: 02777
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

SHARES AUTHORIZED | **SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	NO PAR VALUE

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.

[redacted]

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 02 2016
By 289880

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.

Signature of Authorized Representative — Date: 8/22/16

KAREN M. FERNANDES
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
145740-2-1153369

A.A. 9:32 A.M.

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