



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

Annual Report for the year: 2017
Corporation

- 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 20329		2. Exact name of the Corporation Rhyme + Reason Ltd.			
3. Principal Office Address 14 UNION ST.		City JAMESTOWN	State R.I.	Zip 02835	
4. NAICS Code 61		6. Brief description of the character of business conducted in Rhode Island LEASING TO TRI-TOWN			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DIANE J. CARDIN		Vice-President Name KAREN L. SALZILLO			
Street Address 14 UNION ST		Street Address 10 CRABAPPLE LN			
City JAMESTOWN RI	State RI	Zip 02835	City GREENVILLE	State RI	Zip 02828
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name DIANE J. CARDIN		Director Name KAREN L. SALZILLO			
Street Address 14 UNION ST		Street Address 10 CRABAPPLE LN			
City JAMESTOWN	State RI	Zip 02835	City GREENVILLE	State RI	Zip 02828
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES no par common	PAR VALUE	
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 Authorized Representative DIANE J. CARDIN				Date 1/16/17	
Signature of Authorized Representative <i>Diane J. Cardin</i>					

FILED

JAN 19 2017

BY 3124DS

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov