43 Stone Drive 4. NAICS Code 53 - Real Estate and Rental 55. State of Incorporation RI 7. List ALL officers (names and addresses) Street Address 35693 Abelia Street City Murrieta Street Address 43 Stone Drive City Cranston Street Address 43 Stone Drive City Cranston State RI Zip 02920 City Murrieta State RI Zip 02920 City Murrieta State CA Zip 02920 City Murrieta Check the box to indicate an attact City Cranston Check The Dox to indicate an attact City Cranston City Abelia Street City Cranston Street Address 43 Stone Drive City Cranston Check The Dox to indicate an attact City Cranston Street Address 43 Stone Drive City Cranston State RI Zip 0: Zip	Annual Report for the	e year: 2017		_			
Omega, Inc. City Cranston Ri 02920	→ Filing period: January → Filing Fee: \$50.00		filed by April 1.				
A State Address Asteria Aste	•		of the Corporation	n			
6. Brief description of the character of business conducted in Rhode Island Real Estate and Rental 7. List ALL officers (names and addresses) 8. Street Address 8. Street Address 8. Street Address 8. Street Address 8. State RI 8.	3. Principal Office Address			1 *		1	Zip 02920
Check the box to indicate an attact President Name	53 - Real Estate and Rental . State of Incorporation			ter of business co	nducted in Rhode Isla	and	
Street Address 35693 Abelia Street City Cranston State CA Zip 921 City Murrieta State CA Zip 921 Check the box to indicate an attace of the control of the contro	List ALL officers (names ar	nd addresses)					idicate an attachme
State CA Zip 92562 City Cranston State RI Zip 02562 Street Address 35693 Abelia Street City Cranston State RI Zip 02920 City Murrieta State CA Zip 92563 Street Address 35693 Abelia Street City Cranston State RI Zip 02920 City Murrieta State CA Zip 92563 Check the box to indicate an attace Director Name Robert DeCesaris Street Address 35693 City Abelia Street State CA Zip 92563 City Cranston State RI Zip 02563 City Cranston State RI Zip	resident Name Kevin DeCes						
Secretary Name Robert DeCesaris Street Address 35693 Abelia Street Street Address 35693 Abelia Street City Cranston State Rt Zip 02920 City Murrieta State CA Zip 925 Check the box to indicate an attace Director Name Robert DeCesaris Street Address 35693 City Abelia Street City Abelia Street State CA Zip 92563 City Cranston State CA Zip 92563 City Cranston City Cranston State Rt Zip 02563 City Cranston City Cranston State Rt Zip 02563 City Cranston State Rt Zip 02563 City Cranston City Cranston City Cranston State Rt Zip 02563 City Cranston City Cranston City Cranston City Cranston City Cranston State Rt Zip 02563 City Cranston	Street Address 35693 Abelia S	Street Address					
Street Address 35693 Abelia Street State R1	ity Murrieta	State CA	^{Zip} 92562	l l		State RI	^{Zip} 02920
City Cranston State RI S				I			
Cranston 3. List ALL directors (names and addresses) Director Name Kevin DeCesaris Street Address 35693 City Abelia Street Director Name Director Name Director Name State CA City Cranston Director Name Director Name Street Address City Cranston State RI Zip 02 Director Name Street Address City Cranston Director Name Street Address City State Zip City State Zip City State Zip City State Zip City State Zip ON State Street Address City State None PAR VALI Changes require an additional fiting.	Street Address 43 Stone Drive	9		Street Address	35693 Abelia Street		
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Director Name Robert DeCesaris Street Address 35693 State CA Zip 92563 City Cranston Director Name Director Name State RI Zip 02 Director Name Street Address City Cranston Director Name Director Name Street Address Street Address Street Address City State Zip City State Zip 9. Shares Authorized This information is currently of record in the Department of State. 600 no par/no series None	3. List ALL directors (names	and addresses)				he box to ir	ndicate an attachme
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City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attached Number of Shares Shares CLASS/SERIES PAR VALID Department of State. 600 no par/no series None Changes require an additional filing.	Director Name			Director Name			
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At The control to the comporation by an authorized representative, If the corporation is in the hands of a							
11. This report must be executed on behalf of the corporation by an additional property of the corporation by the desired of the corporation by the corpora	11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	entative. If the corpo	ration is in	the hands of a rece
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 Represe	entative				Date	

Signature of Authorized Representative

Robert DeCesaris

1/15/2017

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016