


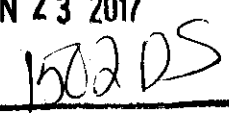


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 11744		2. Exact name of the Corporation Mobile Village, Inc									
3. Principal Office Address 551 Victory Highway				City Exeter		State RI		Zip 02822			
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Mobile Home Park									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Jin R Kulsic				Vice-President Name William J Crossen							
Street Address 551 Victory Highway				Street Address 31 Job Drive							
City Exeter		State RI		Zip 02822		City West Kingston		State RI		Zip 02892	
Secretary Name William J Crossen				Treasurer Name Jin R Kulsic							
Street Address 31 Job Drive				Street Address 551 Victory Highway							
City West Kingston		State RI		Zip 02892		City Exeter		State RI		Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name				Director Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Director Name				Director Name							
Street Address				Street Address							
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		PAR VALUE			
				100		Common		None			
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 William J Crossen, V. President									Date 01/18/2017		
Signature of Authorized Representative 									FILED JAN 23 2017 BY 		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov