



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.					
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 1502 DS

MAIL TO:
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 Website: www.sos.ri.gov