RI SOS Filing Number: 201730838770 Date: 01/25/2017 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
599764	L. MASLANKA SALES, LTD.			
3. Street Address Principal Business Office		City	State	Zip
24 LIENA ROSE WAY		COVENTRY	R.I.	02816
4. Business Phone No.	5. State of Incorporation			
401 439 1263	RHODE ISLAND			

6. *Brief Description of the Character of Business Conducted in Rhode Island*

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	WALTER MASLANKA JR.		*Vice President Name*		
Street Address	24 LIENA ROSE WAY		*Street Address*		
City	COVENTRY	*State* R.I. *Zip* 02816	*City*	*State*	*Zip*
Secretary Name	WALTER MASLANKA JR.		*Treasurer Name*	WALTER MASLANKA JR	
Street Address	24 LIENA ROSE WAY		*Street Address*	24 LIENA ROSE WAY	
City	COVENTRY	*State* R.I. *Zip* 02816	*City*	COVENTRY *State* R.I *Zip*	02816

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
1000	COMMON	NO 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] [redacted]

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.

[redacted] 1/21/17
Signature *Date*

WALTER MASLANKA JR.,
Print or Type Name

PRES.
Title

Form 630 Rev. 08/08

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

FILED

JAN 25 2017

BY 1551

148362-9-1187261