Annual Report for the ye	ear: 20	7/7	_			
→ Filing period: January 1 -	March 1		_			
→ Filing Fee: \$50.00						
→ Penalty: Additional \$25.00						
1. Entity ID Number	2. Exact name	of the Corporation			<del> </del>	
150230	13/01	NE EN	T, we	<del>-</del> ,		
3. Principal Office Address			City		State	Zip
1280 OAKLAW,	V AU	ence	CVA	N570N	RI	02920
4. NAIUS Code	6. Brief descrip	tion of the characte	er of business	conducted in Rhode	Island	
5. State of Incorporation	Solts	A S-NICE	01-54	WINY MOC	1.110 5	
R - I		. 00,0,00		wing in	902	
7. List ALL officers (names and ad	dragge		<del></del>			
President Name			Check the box to indicate an attachment Vice-President Name			
Street Address						
L 25 FrANKLIN RE			Street Address Street Address  City FOSTA  State 72  Zip 2972  Zip 2000 Zip 20			
city foster	State RZ	Zip 02825	City	2	State	Zip 292C
Secretary Name	<del></del>		Treasurer Na	ma		02/20
Street Address  Rubert Roy			SOM			
	MÃ		Street Addre	SS		
City (	State	Zip	City		State	Zip
8. List ALL directors (names and ad	Idresses)		<u></u>	Charle	11- 1- 1-	
Director Name			Director Name  Check the box to indicate an attachment			
Street Address	1		Street Addres		ome	
City		T	- Consideration			
! - T	State	Zip	City	<u> </u>	State	Zip
Director Name	-L	Director Nam	e			
Street Address		Street Add				
City			Street Addres	s		
City	State	Zip	City		State	Zíp
9. Shares Authorized		10. Shares Issued		Chock	the house in it	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SH	ARES	CLASS/SERIES	ine box to indic	par VALUE
		1000	ı	,0/		
<ol> <li>This report must be executed on trustee, this report must be executed</li> </ol>	behalf of the cor	poration by an auth	orized repres	entative. If the cornor	ration is in the	cando of a secsion
Under penalty of perjury, I declare	and affirm that	I have examined	receiver or the	ustee.		lands of a receiver or
statements, and that all statement Name of Authorized Representative	s contained her	еіл are true and c	nis report, i orrect.	ncluding any accom	panying sche	dules and
Robert	7				Date /	
Signature of Authorized Representative			1/29/17			
g-natare of Authorized Representat	ive /	15/1		77	· · · · · · · · · · · · · · · · · · ·	
IAU TO		116	///	FII		
IAIL TO: ivision of Business Services					0	
48 W. River Street, Providence, Rhode Island 02904-2615						
0010						
				BY		<del></del>

Department of State - Business Services Division