

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report for	the year:	2017	
Corpora	ation	-		_

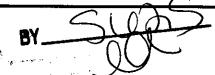
- → Filing period: January 1 March 1 → Filing Fee: \$50.00

81 - Other Services (except Put 5. State of Incorporation Rhode Island 7. List ALL officers (names and addr President Name JUSTIN A. PARRILL Street Address	6. Brief desc Leasing sto	ription of the characters		conducted in Rhode Is	State RI sland	Zip 02910	
570 Wellington Avenue 4. NAICS Code 81 - Other Services (except Pul) 5. State of Incorporation Rhode Island 7. List ALL officers (names and addr President Name JUSTIN A. PARRILL Street Address	Leasing sto		Cranston eter of business of	conducted in Rhode Is	RI	· ·	
81 - Other Services (except Put 5. State of Incorporation Rhode Island 7. List ALL officers (names and addr President Name JUSTIN A. PARRILL Street Address	Leasing sto				sland		
5. State of Incorporation Rhode Island 7. List ALL officers (names and addr President Name JUSTIN A. PARRILL Street Address	esses)	orage containers					
Rhode Island 7. List ALL officers (names and addressident Name JUSTIN A. PARRILL Street Address	esses) O						
President Name JUSTIN A. PARRILL Street Address	esses) O		1.0				
Street Address	.0			Check	the box to indic	ate an attachment	
Street Address			Vice-Presiden	t Name THOMAS SO	CORPIO III		
212 Elmdale Road			Street Address	s 1070 Scituate Ave			
City Scituate	State RI	^{Zip} 02857	City Cranst	on	State RI	^{Zip} 02921	
Secretary Name THOMAS SCORPIO III			Treasurer Name JUSTIN A. PARRILLO				
Street Address 1070 Scituate Avenu	ne		Street Address 212 Elmdale Road				
City Cranston	State RI	^{Zip} 02857	City Scituar	te	State RI	^{Zip} 02857	
8. List ALL directors (names and add	resses)				the box to indic	ate an attachment	
Director Name JUSTIN A. PARRILL	0		Director Name	THOMAS SCORP) III		
Street Address 212 Elmdale Road			Street Address 1070 Scituate Avenue				
City Scituate	State RI	Zip 02857	City Cranst	on	State RI	Zip 02921	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		· · · · · · · · · · · · · · · · · ·	<u> </u>	
Street Address	<u> </u>		Street Address	3		-	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Check t	he box to indica	ate an attachment	
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State.		200 Shares		Common		No Par Value	
Changes require an additional filing.							
11. This report must be executed on I trustee, this report must be executed	oehalf of the	corporation by an a	authorized repres the receiver or tr	entative. If the corpor	ation is in the h	lands of a receiver or	
Under penalty of perjury, I declare	and affirm t	hat I have e kamin	ed this report, in	ncluding any accom	panying sched	dules and	
statements, and that all statements Name of Authorized Representative	contained	nerein are true an			Date	/	
JUSTIN A. PARRILLO		!	FILED		1/12/17		
Signature of Authorized Representati	vé	SIGN DOC	UMEN FER	1 5 2017	· /		

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