

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2017.

R.I. DET J. OF STATE

2017 FEB 15 PH 12: 59

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2. Exact name of the Corporation 2. Exact name of the Corporation 2 & 5 ROJENTY SOLUTIONS, INC.					
3. Principal Office Address	MORE	City	ello Holes	IState	17:-
1221 MAIN ST			WANUIGE	1 '	2ip 02893
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island					
53 E REAL ESTATE INVESTMENT					
5. State of Incorporation	-				
NEUKUH					
7. List ALL officers (names and addresses) President Name()	_	Vice-President		ne box to indica	te an attachment
KICHAND CANNI	NG	5	ICHAND (ANNI	NG
Street Address GOI A ENTTONW 2005	AVE	Street Address	A BUTTON	WOOD	SAUE
City State -	02386	City WA		State T	Zip 22386
Secretary Name JEAN CANNIN	6	Treasurer Nam	CHARD C	ANNI	JG
Street Address 601 A RUTTON Was	DCS AUE	Street Address	A GUTTO	NUDOS	SAVE
City WAN WINCK State? I	210 28CC	CITY WA	rwick-	State PT	^{Z10} 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name CANN	NG	Director Name		_	
Street Alderess GOLA GOTTON Was	DS AUE	Street Address			
City WANWICK State RI	Zip 02056	City		State	Zip
Director Name Director Name Director Name					
Street Address Street Address Street Address					
City WANWCK State RT	Zip CD)	City		State	Zip
9. Shares Authorized	10. Shares Issued			ne box to indica	te an attachment 🔲
This information is currently of record in the Department of State.	NUMBER OF SHA	ARES	CLASS/SERIES	·	PAR VALUE
·	100	20			<i>O</i>
Changes require an additional filing.				,	
11. This report must be executed on behalf of the col				ation is in the ha	ands 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 deplare 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	/2			Date	-17
Signature of Authorized Representative				1 //	
MICHAILY CHIMINE	SIGN DOCU	MENI HE	FILED		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 15 2017 BY 1089AA

FORM 630 - Revised: 10/2016