

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAIL	UHE 10 FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.
Entity ID No.	2. Exact name of the Corporation
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17757		THBUN (O	RPORATION	N	
3. Principal office a	1 -		City	State	Zlp
	EDWAY STRE	ET 1303	PROVIDE	ENCE RI	02906
4. Business Phone	No. M = 1 - 0 1 0 :	Ø	5. State of Incorpor	ation	
6 Brief description	of the character of business)	1 1/140	DE ISLAND)
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INVE	STMENT				
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President Name	1. (2.401/2	!	Vice-President Nam		
EDITH	IN, KAIHBI	<u>un</u>	1 VIRGIN	LA KISTU!	1RT
Street Address	James areas	Davis	Street Address		#
City 500 \	NATERFRON	·	229 M	<u>EDWAY S</u>	TREET 303
EACT P	State RT	2p 02014	City	State	Zip
Secretary Name	NOVI II II	102917	Treasurer Name	NCE NI	02908
VIRGINIAR STUART			LEDITH N. RATHBUN		
Street Address		<u>#</u>	Street Address	MATCHD	UZY
229	MED WAY ST	REET 303	500 W	ATERERON	M DRIVE
City	State	12ND /	City	State	Z)p
PROVID	ENCE LT	02906	EAST P	ROV. RI	02914
8. LIST ALL DIREC Director Name	TORS (NAMES AND ADDI	RESSES) ("X" BOX FOR			
E TIT	NRATHP	BUN	Director Name	IN D STU	`
Street Address	· No DILLIT) (1 1 Y	VIRGINIA R. STUART Street Address		
500 V	VATERFRON	TDRIVE	229 V	IFTILIAY OF	REFT #303
City	State	Zip	City	State	7in 70.5
EAST	PROVI RI	102914	17BOVIDE	ENCETRI	02906
Director Name			Director Name		10000
Maria Auda	NONE	·····		NONE	
Street Address			Street Address		
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B. SHARES AUTHOF	DED 2000 COMM	ON PARJAWE \$100.	10. SHARES ISSUES	O ("X" BOX FOR ATTACH	MENT
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ice Section 9 of Inst			1010	COMMON	\$100
This report must be e	executed on behalf of the co	prporation by an authorized	representative. If the	corporation is in the hands	of a receiver or trustee.
	this report must	be executed on behalf of t	ne corporation by the r	eceiver or trustee.	·
File Date			Under penalty of po	orjury, I declare and affirm	n that I have examined hedules and statements,
			and that all stateme	ng any accompanying sc ontained herein are	risuules and Statements, Strue and correct.
Check No		1 1 2 3 4 2	X .	1) [-1	, / / /
By: FILED			Signature of Authorized Representative Date		
			Carpingure of Authori		Dafte
FOR SECRETARY OF STATE USE ONLY FEB 1 5 2017			VIRGINIA R. STUART		
rm No. 630		Hallenc	Print or Type Name	of Authorized Representat	ive
vised: 01/2012	BY	MARNS			
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