State of Rhode Island and Providence Plantations						
	nd and Providence F f State - Busin		Division			p ^{ol} s,
Annual Report for th		R.I. Property STATES				
Corporation	-	i \$ • • •		14. T.		
-> Filing period: January	1 - March 1				-	07
→ Filing Fee: \$50,00	5 00 for if forms in m			2017	JM27 9	111:37
→ Penalty: Additional \$25						
1. Entity ID Number	2. Exact nam	e of the Corporation	1			
11-161	#tpog	ee treadu		ر د ۔		
3. Principal Office Address			City	<i>?</i>	State	Zip
49 Gillen A	UENUC		North	PROU.	RI	4394
4. NAICS Code	6. Brief desci	ription of the charact		conducted in Rhod	e Island	
57	Costo	m Machi	WERAL			
5. State of Incorporation			•			
KL						
7. List ALL officers (names ar President Name	nd addresses)		Vice-Preside	Che	ck the box to indi	icate an attachmer
MARK H. Blais			1100 4 105100	MARK	L A.Bla	his
Street Address 67 hwalm St.			Street Address 67 hwooh St.			
City	State	Zip	City	OT KIND	State	Zip
SEPHONE	MA	02771	See		44	Ø27 1
Secretary Name MARK	1. Bluz	•	Treasurer Na	ame Alaul A	·BlAIS	
Street Address	1 0		Street Addre	ss	KIMIS	
	colu-Sheee		<u> </u>	67 Line	oh Sti	
Seekowk	State W A	^{Zip} めと ファ (City Sep	Kowk	State A A	Zip 277
3. List ALL directors (names a				Che		cate an attachmer
Director Name Mack	Director Name					
Street Address	A. BIAG		Street Addre	SS		
	colu Sit.					
Seekonk	State	Zip クスス1	City		State	Zip 3
Director Name	, M. H	4011	Director Nam	10	<u> </u>	
Street Address			Street Address			
Streat Workess			Street Addres	SS		ယ် ၂
City	State	Zip	City	<u> </u>	State	20
9. Shares Authorized		10 Shares law				
This information is currently of	record in the	10. Shares Issu NUMBER OF		CLASS/SEF		cate an attachmer
epartment of State.		100		C		
hanges require an additional filing.				COMMON		Ψ
This are a second to the secon			71	1		
 This report must be execurustee, this report must be ex 	ted on behalf of the ecuted on behalf of	corporation by an at the corporation by ti	utnorizea repre ne receiver or	esentative. If the cor trustee.	poration is in the	hands of a receive
Under penalty of perjury, I d	eclare and affirm t	hat i have examine	d this report,		ompanying sch	edules and
statements, and that all stat Name of Augustized Represen		herein are true and	i correct.		Date	
///////////////////////////////////////	a Wal.	M			1.9	7.2017
Signature of Authorized Repre	sentative	Y			1.4	r.ux
THE PROPERTY OF A PARTICULAR OF A LOCAL PROPERTY OF THE PARTY OF THE P		the state of the s				

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street: Providence: Rhode Island 02904-2615
Phone: (47.1) 222-3040

Website: www.sos.ri.gov

FORM 630 - Ravised: 10/2016

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