RI SOS Filing Number: 201734927740 Date: 2/24/2017 4:00:00 PM

Annual Report for the	e year: 201	7					
Corporation → Filing period: January							
→ Filing Fee: \$50.00							
→ Penalty: Additional \$2	5.00 fee if form is	not filed by April 1	l .				
1. Entity ID Number		ame of the Corpora					
150	O JNO ASS	DCIATES INCORP	ORATED				
3. Principal Office Address				<u> </u>	State	Zip	
349 CENTERVILLE ROAD,				(RI	02886	
4. NAICS Code 52 - Finance and Insurance	6. Brief des	scription of the char	acter of business	conducted in	Rhode Island		
5. State of Incorporation	TO KEND	ER ACCOUNTING	& FINANCE SER	RVICES TO TH	HE GENERAL PUBLI	С	
RHODE ISLAND							
7. List ALL officers (names ar	nd addresses)						
President Name JOSEPH ONY	EJOSE		Vice-Presider	nt Name	Check the box to ind	icate an attachment	
Street Address			Vice-President Name SAME				
150 WATCH HILL DRIVE			Street Address				
City EAST GREENWICH	State RI	Zip 02818	City		State	Zip	
Secretary Name			Treasurer Nar	me			
street Address							
			Street Addres	S			
City	State	Zip	City		State	Zip	
3. List ALL directors (names a	nd addresses)				Check the box to indi	ooto on effect to	
Director Name JOSEPH ONYE	JOSE		Director Name	SAME	CHECK THE DOX TO ITIO	cate an attachment	
treet Address 150 WATCH HILL DRIVE				Street Address			
EAST GREENWICH	State RI	Zip 02818	City		State	Zip	
ctor Name			Director Name				
treet Address	Street Address						
ity	State						
		Zip	City		State	Zip	
Shares Authorized 10. Shares is information is currently of record in the					Check the box to indic	ate an attachment [
epartment of State.	coold in the	1\$1.00 PAF	1	CLAS	S/SERIES	PAR VALUE	
hanges require an additional fil	ing.		TALUL				
This report must be execute	dan betek 10						
This report must be execute ustee, this report must be executed and the control of markets and the control of t	d on behalf of the cuted on behalf of	corporation by an a the corporation by	authorized represent the receiver or true	entative. If the	corporation is in the h	nands of a receiver o	
iver penany or perjury, i de	ciare and affirm t	hat i have eyamin:	ad this report in	cluding any a	accompanying sche	dules and	
atements, and that all statements contained herein are true and correct. ame of Authorized Representative					Date		
DSEPH ONYEJOSE			02/22/2017				
gnature of Authorized Represe	entative		<u>. </u>			<u> </u>	
1	144 / 1/14/4.4	· · · · /					

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

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