RI SOS Filing Number: 201734966460 Date: 2/27/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2017 FEB 27 PM 2: 30

Annual Report for the year: 2017 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 f					_		
1. Entity ID Number	2. Exact name of the Corporation						
128971	The Discov	The Discovery G Corp.					
3. Principal Office Address			City		State	Zip	
101 Plain Street, 1st Floor, Suite 100			Providence	e	RI	02903	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	The acquisition of real estate						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Stefania M. Mardo	Vice-Presider	Vice-President Name					
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address				
City Providence	State RI	^{Zip} 02903	City		State	Zip	
Secretary Name Stefania M. Mardo			Treasurer Na	Treasurer Name Stefania M. Mardo			
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address 101 Plain Street, 1st Floor, Suite 100				
City Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903	
8. List ALL directors (names and a	ddresses)			Che	ck the box to in	idicate an attachment 🔲	
Director Name			Director Name	e			
Street Address			Street Addres	Street Address			
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
. Shares Authorized 10. Shares Iss							
This information is currently of record in the Department of State,		NUMBER OF SHARES			CLASS/SERIES PAR VAI		
population state.		100		CNP		\$0.00	
Changes require an additional filing.							
11. This report must be executed o					rporation is in t	ne hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar						hadulan and	
onger penaity of perjury, i decial statements, and that all stateme			•	including any acc	ompanying so	nedules and	
Name of Authorized Representative Date							
Stefania M. Mardo					2	2/23/17	
Signature of Authorized Represent		ro	FILI	ED	•		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov