RI SOS Filing Number: 201737195100 Date: 3/1/2017 4:00:00 PM

State of Rhode Island Department of	d and Providence P	lantations	Division		- -		
Annual Report for the Corporation	year:	17	— Uivision				
 → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0 		t filed by April 1.					
1. Entity ID Number	SI Fan	e of the Corporation	ound (Unlto	1 In		
3. Principal Unice Address 5 262 Ata 4. NAICS Code	<u>ალიძ)</u> ,	ALC ntion of the charac	City	conducted in Rhode	State		
5. State of Incorporation	Prot	1 - 1		Cottodicted in Knode	Se /	l (e l	
7. List ALL officers (names and President Name	addresses)		Ive Day ()	Chec	k the box to inc	licate an attachment	
Street Address (A)			Vice-President Name LOCIS Street Address				
City State Zip			City State 17in				
Secretary Name	I KI	Zip 8292	C CV2A	nston	State 2	2920	
LDAUID NAI) EAU		Treasurer Nar	NAI NAI	DA2K		
Street Address SAA.			Street Address				
City	State	Zip	City	<i>>\17./1</i>	State	Zip	
8. List ALL directors (names and	addresses)			Choc	the hey to ind		
Director Name NOME			Director Name	Director Name Check the box to indicate an attachment Columnia			
Street Address	<u> </u>		Street Address				
City	State	Zip	City		State	Zip	
Director Name MONT	1	_	Director Name				
Street Address			Street Address				
City	State	Zip	City		Ctota		
9. Shares Authorized					State	Zip	
This information is currently of rec	ord in the	10. Shares Issu NUMBER OF S		Check CLASS/SERIE	the box to indic	cate an attachment PAR VALUE	
Department of State.		100	100			PAR VALUE	
Changes require an additional filin	g.	700				<u> </u>	
11. This report must be executed trustee, this report must be execu	on behalf of the co ted on behalf of the	rporation by an au	thorized represe	entative. If the corpo	ration is in the	hands of a receiver or	
Under penalty of perjury, I declar statements, and that all stateme	are and affirm tha	t i have examinor	this report in	cluding any accon	npanying sche	dules and	
Name of Authorized Representati	ve	n. a.c uue ailu	CONTECT.		Date /	' , 	
Signature of Authorized Represen	<u>.</u>		$\perp 2a$	5/17			
2 Sand Jo	and Co	_			i	Į	
AIL TO:	7			TILED			
ivision of Business Services 18 W. River Street, Providence, Rhode	e Island 02004-2615						

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

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