

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact r	ame of the Corporation			
42059	Enco	Encore Development Corporation			
3. Principal office address 8 Blackstone Valley Place			City Lincoln	State RI	Zip <b>02865</b>
4. Business Phone No. 401-334-4100			5. State of incorporation Rhode Island		
<ol><li>Brief description of the ci Real Estate.</li></ol>	haracter of busine	ss conducted in Rhode Isla	and		
AND THE PROPERTY OF THE PROPERTY OF	TAMES AN OVA OF	RESIDENCE OF EOR			
President Name  Larry D. Riggs			Vice-President Name George G. Palmisciano		
Street Address 11 Camelot Way			Street Address 80 Bungy Road		
City North Scituate	State RI	Zip 02857	City State RI		Zip <b>02857</b>
Secretary Name Ernest O. Rabideau, Jr.			Treasurer Name Larry D. Riggs		
Street Address 17 Sandra Drive			Street Address 11 Camelot Way		
City Bristol	State RI	Zip <b>02809</b>	City North Scituate	State RI	Zip <b>02857</b>
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Prector Name Larry D. Riggs			Director Name George G. Palmisciano		
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ity North Scituate	State RI	Zip 02857	City State North Scituate RI		Zip <b>02857</b>
rector Name Ernest O. Rabideau, .	Jr.		Director Name	<u> </u>	
ireet Address 17 Sandra Drive			Street Address		
ly Bristol	State <b>RI</b>	Zlp <b>02809</b>	City State		Zip
THE PROPERTY OF			TO SHARES SOUTE	E X BOX FOR ATTACK	MENTS AND A
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
is information is currently of record in the Office of the Secretary State. Changes require an additional filling. s Section 9 of Instruction sheet.		372	COMMON	NONE	
his report must be executed	on behalf of the o	orporation by an authorize t be executed on behalf of	d representative. If the o	corporation is in the hands	of a receiver or truste



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED Signature of Authorized Representative Larry D. Riggs, President

Jale

Form No. 630 Revised: 01/2012 MAR 0 2 2017 Print or Type Name of Authorized Representative