



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017.  
CorporationRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 MAR -6 PM 1:54

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>542116</u>		2. Exact name of the Corporation <u>Oldm, Inc</u>	
3. Principal Office Address <u>651 Narragansett Pky</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02888</u>	
4. NAICS Code <u>53</u>	6. Brief description of the character of business conducted in Rhode Island <u>Rental Properties</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Lawrence Downes</u>		Vice President Name <u>Lawrence Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Secretary Name <u>Lawrence Downes</u>		Treasurer Name <u>Lawrence Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	
		<u>No Par Value</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative <u>Lawrence Downes</u>		Date <u>2/22/17</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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