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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

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2017 MAR - 6 PM 1: 54

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fo	ee if form is not t	filed by April 1.				
1. Entity ID Number	2. Exact name of	of the Corporation				
542116	Old	M D	MC_			
Principal Office Address			City		State	Zip
651 Namas	cancet	& PKY	Marine	<u>,</u>	RI	09835
4. NAICS Code	6. Brief descript	ion of the characte	r of business conducted	l in Rhode Isla	ind	
53	7.4	1 0,00	aties			
5. State of Incorporation	1 sente	al Prop				
RI]	·				
7. List ALL officers (names and add	dresses)			Check th	e box to indicat	e an attachment
President Name AURENCE	MUNES	-	Vice-President Name			
Street Address	JUDI -	01- 1	Street Address .	ce y	sune	<u> </u>
651 Warapa.	nsett b	VEY	65/ Nar	M. P.	Ey .	
City Januin	State	210888	City, MANUL	à.	State	Zip
Secretary Name —		10/000	Treasurer Name	7		2000
Lawrence c	Downs	<u> </u>	Cauren	2 e &	www	2
Street Address / Jany .	Pay		Street Address	m. (Pby	
cin Warnvick	State	Zip 2888	City	ce	State	Zip SSS.
8. List ALL directors (names and ad	dresses)			Check the	e box to indicat	e an attachment
Director Name			Director Name			
Street Address			Street Address	·		
A.						
City	State	Zip	City		State	Zip
Director Name	<u> </u>		Director Name			
Street Address			Street Address			
			Circumatess			
City	State	Zip	City		State	Zip
9. Shares Authorized	<u> </u>	10. Shares Issue	d	Check the	hov to indicat	e an attachment
This information is currently of record	d in the	NUMBER OF SE		CLASS/SERIES		PAR VALUE
Department of State.			. 1			Oca Vallage
		100) [$I \sim I$	Tac viene
Changes require an additional filing.		100)		N	Par Volue
	n hehalf of the con			If the cornorat		***
11. This report must be executed on trustee, this report must be execute	d on behalf of the	poration by an aut	horized representative.		ion is in the ha	nds of a receiver or
11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declare	d on behalf of the e and affirm that	poration by an aut	horized representative. receiver or trustee. shis report, including		ion is in the ha	nds of a receiver or
11. This report must be executed on trustee, this report must be execute	d on behalf of the e and affirm that its contained he	poration by an aut	norized representative. receiver or trustee. this report, including	any accompa	ion is in the ha	nds of a receiver or
11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declare statements, and that all statements. Name of Authorized Representative	d on behalf of the e and affirm that its contained he	poration by an aut	horized representative. receiver or trustee. shis report, including	any accompa	ion is in the ha	nds of a receiver or
11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declare statements, and that all statemen	d on behalf of the e and affirm that its contained h	poration by an aut corporation by the part of the and of	horized representative. Leceiver or trustee. This report, including correct. FILED	any accompa	ion is in the ha	nds of a receiver or
11. This report must be executed on trustee, this report must be executed Under penalty of perjury, I declare statements, and that all statements. Name of Authorized Representative	d on behalf of the e and affirm that its contained h	poration by an aut corporation by the part of the and of	norized representative. receiver or trustee. this report, including	any accompa	ion is in the ha	nds of a receiver or

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

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

FORM 630 - Revised: 10/2016