



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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| | | | |
|--|---|--------------------|---------------------|
| 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) | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| President Name <u>LAWRENCE DOWNES.</u> | | | Vice-President Name <u>LAWRENCE DOWNES</u> | | |
| Street Address <u>651 Narragansett Pky</u> | | | Street Address <u>651 Narr. Pky</u> | | |
| City <u>Warwick</u> | State <u>RI</u> | Zip <u>02888</u> | City <u>Warwick</u> | State <u>RI</u> | Zip <u>02888</u> |
| Secretary Name <u>LAWRENCE DOWNES</u> | | | Treasurer Name <u>LAWRENCE DOWNES</u> | | |
| Street Address <u>651 Narr. Pky</u> | | | Street Address <u>651 Narr. Pky</u> | | |
| City <u>Warwick</u> | State <u>RI</u> | Zip <u>02888</u> | City <u>Warwick</u> | State <u>RI</u> | Zip <u>02888</u> |

| | | | | | |
|--|-------|-----|--|-------|--|
| 8. List ALL directors (names and addresses) | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued | | |
| This information is currently of record in the Department of State. | | | NUMBER OF SHARES | | Check the box to indicate an attachment <input type="checkbox"/> |
| | | | <u>100</u> | | <u>PAR VALUE</u> |
| Changes require an additional filing. | | | | | <u>NO Par Value</u> |

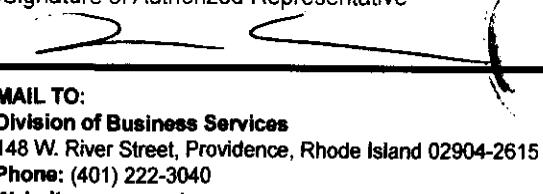
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

LAWRENCE DOWNES

Signature of Authorized Representative


MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
MAR 13 2017
SIGN DOCUMENT HERE

Date

2/22/17