

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc\*d)) is

144611 72 DOYLE AVENUE Corporation					
3. Street Address Principal Business C 100 Jenkins 4. Business Phone No.	ST.	-	Provide	State RI	0 2906
4. Business Phone No.  4DI • 74Z • 74S 9  5. State of Incorporation  [Z]  6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES President Name Leonard 1	donolor	s: /("X" BOX FOR ATTA	Age real estate.  HMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
100 Jenicins St.			Sireet Address		
Roudene Secretary Name	TRI	02906	City Treasurer Name	State	Zip
Street Address			Street Address		
City	State	Zip	СЦу	State	2 B
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHM STORED FILL IN SPACES BEFORE USING ATTACHMENT)   Director Name   Direc					
street Address Jenkins St.			Street Address		
Providence	State PIL	21p	City	State	ATE ATE
Director Name Street Address			Director Name		
·			Street Address		
·	State	Zip	City	State	Zip
9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	common	No. Par
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 of trustee.					
		FILED	Under penalty of pe	rjury, I declare and affirm that I	have examined this report,
File Date MAR 1 3 2017			including any accompanying schedules and statements, and that all statements contained herein are true and/cornect.  3 3 7  Signature  Date		
Check No.	Ву	240124	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			1 0 min 1 de		