RI SOS Filing Number: 201738505610 Date: 3/23/2017 4:00:00 PM

Corporation	ear:	2017			
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		not filed by April 1.			
1. Entity ID Number		me of the Corporation	n		
70768	KA	35 Hegt	th & FITMES	5. IK.	
3. Principal Office Address 3. Slove	<i>51.</i>		City Tivesto	State	Zip 2878
4. NAICS Code	11	cription of the charac	ter of business conducte	d in Rhode Island	100070
5. State of Incorporation	1	FILLES	5 Center		
7. List ALL officers (names and ad	dresses)		<u> </u>	Check the box to inc	dicate an attachment L
President Name	HAMAN DUNEN		Vice-President Name	N. Para	noate an attachment L
Street Address 4230 Main	W.		Street Address	-DYPPE	
city Tiverton	State AT	2ip 2878	City	State	Zip
Secretary Name Brian DVDE	re		Treasurer Name	Dupere	
Street Address Sand			Street Address	rme	
City	State	Zip	City	State	Zip
8. List ALL directors (names and a Director Name	ddresses)			Check the box to ind	icate an attachment
Brian Dupe	216		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Sureet Address					
	State	Zip	City	State	7:-
City	State	Zip	City	State	Zip
City 9. Shares Authorized This information is currently of recor		Zip 10. Shares Issu	ed	Check the box to indi	
City 9. Shares Authorized This Information is currently of recor Department of State.	rd in the	10. Shares Issu	ed	Check the box to indi	cate an attachment
City 9. Shares Authorized This Information is currently of recor Department of State.	rd in the	10. Shares Issu	ed	Check the box to indi	cate an attachment
City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or	rd in the	10. Shares Issu NUMBER OF S	ed SHARES SHORIZED representative	Check the box to indi	cate an attachment PAR VALUE
City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or rustee, this report must be execute. Under penalty of perjury, I declar	n behalf of the	10. Shares Issu NUMBER OF S OCCUPATION DO AN AU the corporation by th	ed SHARES thorized representative, be receiver or trustee. this report, including	Check the box to indictass/series	cate an attachment PAR VALUE No Par hands of a receiver or
City 3. Shares Authorized This Information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on rustee, this report must be execute. Inder penalty of perjury, I declar statements, and that all statements.	n behalf of the	10. Shares Issu NUMBER OF S OCCUPATION DO AN AU the corporation by th	ed SHARES thorized representative, be receiver or trustee. this report, including	Check the box to indictass/series OMNON If the corporation is in the any accompanying schelars	cate an attachment PAR VALUE No Par hands of a receiver or
9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed or rustee, this report must be execute Under penalty of perjury, I declar statements, and that all statements are statements of Authorized Representative Changes I and I statements.	n behalf of the ed on behalf of re and affirm thats contained	10. Shares Issu NUMBER OF S OCCUPATION DO AN AU the corporation by th	ed SHARES thorized representative, be receiver or trustee. this report, including	Check the box to indictass/series	cate an attachment PAR VALUE No Par hands of a receiver or
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City 9. Shares Authorized This information is currently of recor Department of State. Changes require an additional filing.	n behalf of the ed on behalf of re and affirm thats contained editive	corporation by an authe corporation by the hat I have examined herein are true and	ed SHARES thorized representative. e receiver or trustee. d this report, including correct.	Check the box to indictass/series OMMON If the corporation is in the any accompanying scheol	cate an attachment PAR VALUE No Par hands of a receiver or