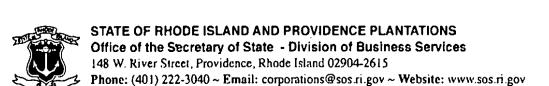
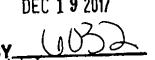
RI SOS Filing Number: 201755215480 Date: 12/19/2017 4:00:00 PM







PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2. Exact name of the Corporation

Filing Period: January 1 - March 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

44245	CABR	CAL'S TO	WING, 1	NCCM	() IILGC
3. Principal office address	ITH A	VE	City E-PR/VII	DENCE State RI	^{ZIP} 02914
4. Business Phone No.			5. State of Incorporation		
401 438-2426			RHODE ISLAND		
6. Brief description of the character	er of business cond	ducted in Rhode Island			
BUSINESS OF				IN6 15	TORAGE
7. LIST ALL OFFICERS (NAME:	AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)	64 July 1	er de marada españa per en a per
CHARLES PONTON			Vice-President Name CHARLES PONTON		
Street Address			Street Address		
267 WOODWARD AVE			26T WOODWARD AVE		
City	State	Zip	City	State	Zip A 2 A 4 4
E.PROV.	 	zip 02914	E.PRC	N 7<1	Zip 02914
Secretary Name			CHARLES PONTON		
CHARLES PONTON					
Street Address 267 WOODWARD AUE			267 WOOD WARD AVE		
	State	Zip	City	State	Zip On O
CE.PROV	J-<1	102914	E. PRO	State R1	02914
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J		Director Name	l	
Street Address			Street Address		
City State Zip			City	State	Zip
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	1		10. SHARES ISSUED	I O("X", BOX FOR ATTACH	MENT)
•		<u></u>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of		ce of the Secretary	100	COMMON	NU PAR
of State. Changes require an additional filing. See Section 9 of Instruction sheet.		100	COMMO	1/1/1/	
					VALUE
This report must be executed on			d representative. If the the corporation by the r		of a receiver or trustee,
				erjury, I declare and affir	
File Date				ng any accompanying so ents contained herein ar	chedules and statements,
Check No			anu mat an Statem	enta contamea nerem ar	e irue and correct.
			_ C~_	rc	12/15/1
Ву:		Signature of Authorized Representative Date			
FOR SECRETARY OF STATE I	JSE ONLY		CHARL	ES PONTO	N

Revised: 01/2012

1. Entity ID No.