

RI SOS Filing Number: 201855764590 Date: 1/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

18

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED ^	\mathcal{N}
JAN 0 5 2018	
BY 1997	

1. Entity ID Number 95	2 Fyact nam	e of the Cornoration	<u> </u>					
126044	$m{\mu}$.							
Principal Office Address			City		State	Zip		
10 Nate Whipple Hwy., MICH Bldg		Cumberlan	d	RI	02864			
5. State of Incorporation	Environme	iption of the charact	er of business o	conducted in Rhode i		adicate on attachment 🗇		
7. List ALL officers (names and addresses) President Name David J. Hazebrouck			Check the box to indicate an attachment Vice-President Name NA					
Street Address 719 Cooper Rd.	Street Addres	Street Address						
City Chepachet	State RI	Zip 02814	City		State	Zıp		
Secretary Name NA Treasurer Name NA			^{ne} NA					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and a	ddresses)			Check	the box to i	ndicate an attachment		
Director Name NA Director Name NA								
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized	1	10. Shares Issu	ued	Check	the box to i	ndicate an attachment		
This information is currently of record in the		NUMBER OF 8,000	NUMBER OF SHARES		S	PAR VALUE \$0.01		
Changes require an additional filing								
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 David J. Hazebrouck			Date January 2, 2018					
Signature of Authorized Representative Parist of Hayebran SIGN DOCUMENT HERE								
The state of the s								

MAIL TO:

Division of Business Services

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

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