[redacted] SOS Filing Number: 201856383790 Date: 1/18/2018 4:00:00 PM

[redacted] Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
529945	RL Corporation

3 Principal Office Address	City	State	Zip
1358 Plainfield Street	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81	Purchase of real estate situated at 1358-1362 Plainfield Street, Cranston, RI 02920
5 State of Incorporation: RI	51390

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Elie Nehme	Jeanette El-Mouchantaf
Street Address: 60 Bicentennial Way	Street Address: 60 Bicentennial Way
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911
Secretary Name: Jeanette El-Mouchantaf	Treasurer Name: Elie Nehme
Street Address: 60 Bicentennial Way	Street Address: 60 Bicentennial Way
City: North Providence, State: RI, Zip: 02911	City: North Providence, State: RI, Zip: 02911

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	None	Common	No Par Value

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	Date
Jeanette El-Mouchantaf	1/16/18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED

JAN 18 2018

BY 13195

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

FORM 630 - Revised: 10/2017