RI SOS Filing Number: 201856543310 Date: 1/19/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

"DPK	_				•		
Annual Report for the			JAN	1 8 2018			
Corporation  → Filing period: January 1	<del></del>		17				
→ Filing Fee: \$50.00			BY_	212			
→ Penalty: Additional \$25.0	00 fee if form is n	ot filed by April 1.					
1: Entity ID Number	2. Exact nar	ne of the Corporation	on	_			
6360	Fitz	water E	Toinering	Corpusa:	FION		
3. Principal Office Address			City	. /	State	Zip	
271 Plain fiel	11 Plainfield Pike		Scitua	rte	RI	03857	
4. NAICS Code	6. Brief desc	cription of the chara	cter of business cond	ducted in Rhode Islan	nd		
333518	000	L = - + 010	pahining				
5. State of Incorporation	Con	tract mo					
RI							
7. List ALL officers (names and	The Date of the Control of the Contr	Check the box to indicate an attachment					
President Name Edward J. 1		Vice-President Name Edward J. Field					
Street Address	Street Address	Street Address					
City C	271 Plain field Pike   Zip			271 Plain Field Pike			
"Scituate	State	<sup>25</sup> 02857			RI	O2857	
Secretary Name M. Carolun Fi	Treasurer Name	Treasurer Name Edward J. Field					
Street Address 271 Plain Lit le	Street Address, /						
		Zip 02 <b>8</b> 5	City			Zip 02857	
8. List ALL directors (names an		1 0 4 0 0	· · · · · · · ·	Check the	Rエ e box to indica	ite an attachment	
Director Name		•	Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name	<u></u>	<del> </del>		
		<u> </u>					
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is	sued	Check the	e box to indica	ite an attachment	
This information is currently of record in the			NUMBER OF SHARES CLASS/SERIE		1	PAR VALUE	
Department of State.		- 1 (人)	より()				
Changes require an additional fi	ling.						
11. This report must be execute	ed on behalf of the	e corporation by an	authorized represent	tative. If the corporat	tion is in the h	ands of a receiver or	
trustee, this report must be exe					<del> </del>		
Under penalty of perjury, I de				uding any accompa	anying sched	ules and	
statements, and that all state Name of Authorized Represent	tativa	-	nu curect		Date	1 .	
Edward J. F. Signature of Authorized Represent	ield	•			1./15	118	
Signature of Authorized Repres	sentetive	`a (1) m = 2	DOUMENT HERE				
1 \( \sum_{\ell} \)	X/ 1_+	1 / J / YIGN DO	DOUMENT HERE				

MAIL TO:

**Division of Business Services** 

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

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