RI SOS Filing Number: 201858311700 Date: 2/14/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year:	2018	
Cornoration		
Corporation	• • • • • • • • • • • • • • • • • • • •	_

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- --> Penalty: Additional \$25.00 fee if form is not filed by April 1

5 State of Inforporation Rhode Island 7. List ALL officers (names and addresses) Check the box to President Name Paul M. Staffier Street Address 11 Tulip Way State City Medway State MA Zip 02053 City State Paul M. Staffier Street Address 10 Balley Road City Cohasset Street Address 10 Balley Road City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Street Address Check the box to Director Name Director Name Street Address City State Director Name Street Address Street Address City State Director Name Street Address City State City State Check the box to NUMBER OF SHARFS CLASSSERIES 200 common This information is currently of record in the Dopartment of State. Changes require an additional filing.	mber 2 Exac	2 Exact name of the Corporatio	n						
333 Armistice Boulevard 4 NAICS Code 5 State of Inforporation Rhode Island 7 List ALL officers (names and addresses) Check the box to President Name Paul M. Staffler Street Address 11 Tulip Way State Antonio Mazza Street Address 10 Balley Road City Cohasset State B List ALL directors (names and addresses) Check the box to Street Address City Chasset Street Address Same City Cohasset State Street Address Same City Chasset State Street Address Same City Chasset Street Address Same City State City S	, '								
A NAICS Code State of inforporation Rhode Island 7. List ALL officers (names and addresses) Check the box to President Name Paul M. Staffler Street Address Street Address Street Address Street Address B List ALL directors (names and addresses) Check the box to City Medway State Street Address Check the box to Director Name Paul M. Staffler Street Address Street Address Check the box to Director Name Street Address Street Address Street Address Street Address Street Address Street Address Check the box to Director Name Street Address Street Address Street Address Street Address City State Check the box to Director Name Street Address City State City State City State City State Check the box to This information is currently of record in the Department of State. Chassesets Check the box to Check the box to	ice Address		City		State	Zip			
5 State of Inforporation Rhode Island 7. List ALL officers (names and addresses) Check the box to President Name Paul M. Staffier Street Address 11 Tulip Way State City Medway State MA Zip 02053 City State Paul M. Staffier Street Address 10 Balley Road City Cohasset Street Address 10 Balley Road City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Same City Cohasset Street Address Street Address Street Address Check the box to Director Name Director Name Street Address City State Director Name Street Address Street Address City State Director Name Street Address City State City State Check the box to NUMBER OF SHARFS CLASSSERIES 200 common This information is currently of record in the Dopartment of State. Changes require an additional filing.	Boulevard		Pawtucket		RI	02861			
Street Address Street Address State Antonio Mazza	To ope) [ter of business c	onducted in Rhode Is	sland				
Street Address 11 Tulip Way State MA Street Address Secretary Name Antonio Mazza Street Address Street Address Street Address Street Address Same City Cohasset Street Address Street Address Same Street Address	ers (names and addresses)	d addresses)			the box to in	ndicate an attachment 🔲			
City Medway State MA Zip 02053 City Treasurer Name Paul M. Staffler Street Address 10 Balley Road City Cohasset State MA Zip 02025 City State City Cohasset Street Address Check the box to Director Name Paul M. Staffler Street Address Street Address Street Address City State Zip City State Director Name City State Zip City State City State Zip City State City State City State City State City State Zip City State Common Changes require an additional filing.	Paul M. Staffier	er ————————————————————————————————————	Vice-President Name Antonio Mazza						
Secretary Name Antonio Mazza Street Address 10 Balley Road City Cohasset State MA Street Address City State Street Address Street Address Street Address City State One Check the box to in the NUMBER OF SHARES CLASS/SERIES COMMON Common Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	11 Tulip Way		Street Address						
Street Address 10 Balley Road State MA Zip 02025 City Check the box to City State Zip City State Director Name Street Address Street Address Street Address City State Zip City State Street Address City State 10. Shares Issued Check the box to Changes require an additional filing.	M		City	 -	State	Zıp			
State State State MA Zip O2025 City State		Treasurer Nam	Treasurer Name Paul M. Staffier						
8 List ALL directors (names and addresses) Director Name Paul M. Staffier Street Address Street Address City State City State City State Director Name Director Name Street Address Street Address City State Zip City State Street Address City State Zip City State 9. Shares Authorized This information is currently of record in the Department of State. 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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	0 Balley Road	Street Address	Street Address same						
Director Name Street Address Same City State Zip City State Director Name Director Name Street Address City State Zip City State Director Name Street Address City State Zip City State Zip City State Street Address City State Street Address City State Zip City State Street Address City State Zip City State State One of the box to in the box to interpretation is currently of record in the Department of State. Changes require an additional filling. This information is currently of record in the Composition by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	State M	State MA Zip 02025	City	·	State	Zip			
Street Address Same Street Address City State State Street Address City Director Name Director Name Street Address Street Address Street Address City State Zip City State Zip City State State Street Address City State One State Street Address City State Street Address City State One Sta	ctors (names and addresses)	nd addresses)	.	Check	the box to in	ndicate an attachment			
City State Zip City State Director Name Street Address City State Zip City State Street Address City State Zip City State 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	aul M. Staffier	r	Director Name						
Director Name Street Address Street Address City State Zip City State Zip City State 10. Shares Issued Check the box to in NUMBER OF SHARES CLASS/SERIES 200 Common 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	ame		Street Address						
Street Address City State Zip City State 10. Shares Issued Check the box to in the Department of State. Changes require an additional filling. Changes report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	State	State Zip	City		State	Zip			
City State 2 ip City State 9. Shares Authorized 10. Shares Issued Check the box to This information is currently of record in the Department of State. Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.		Director Name							
9. Shares Authorized 10. Shares Issued Check the box to in This information is currently of record in the Department of State. 200 common 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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.		Street Address	Street Address						
This information is currently of record in the Department of State. Changes require an additional filing. 200 common 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	State	State Zip	City		State	Zıp			
Department of State. 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 trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						ndicate an attachment			
Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is intrustee, this report must be executed on behalf of the corporation by the receiver or trustee.	-		SHARES						
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.	e an additional filing.		200			none			
	must be executed on behalf of	ted on behalf of the corporation by an a	juthorized repres	entative. If the corpo	ration is in ti	he hands of a receiver or			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying s statements, and that all statements contained herein are true and correct.	of perjury, I declare and aft	leclare and affirm that I have examin	ed this report, in		panying so	chedules and			
Name of Authorized Representative Date									
Paul M. Staffier	ar				2/2	-119			
Signature of Authorized Representative SIGN DOCUMENT HER FILED	thorized Representative	esentative SIGN DOC	CUMENT HER	ILED		7 0			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 14 2018