Annual Report for the Corporation	STAI? - 鼍 coe						
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25. 		ot filed by April 1.				RECE RECE RETAR PER 23	
521758		2. Exact name of the Corporation One Plus One Bookkeeping, Ltd.					
3. Principal Office Address	Olle Flus	Olle Bookke	City		State		
3890 Post Road, #8	_		Warwick		RI		
. NAICS Code	6. Brief descr	iption of the charac	aracter of business conducted in Rhode Island				
541219	Bookkeepir	Bookkeeping					
. State of Incorporation Rhode Island							
List ALL officers (names an	d addresses)		···	Check	the box to inc	dicate an attachment [
President Name Jeanne D. George)	Vice-President Name Jeanne D. George			
Street Address 3890 Post Road, #8			Street Address 3890 Post Road, #8				
Oity Warwick	State RI	Zip 02886	City Warwick		State RI	^{Zip} 02886	
Secretary Name Jeanne D. Ge	orge		Treasurer Nam	e Jeanne D. Georg	9		
Street Address 3890 Post Road, #8			Street Address 3890 Post Road, #8				
Unity Warwick	State RI	^{Zip} 02886	City Warwick		State RI	Z ^{ip} 02886	
3. List ALL directors (names a	and addresses)			Check	the box to in	dicate an attachment [
Director Name			Director Name				
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		<u>-</u>	
Dity	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u>-</u> -	State	Zip	
9. Shares Authorized		10. Shares Is		Check CLASS/SERIE		dicate an attachment [
This information is currently of record in the Department of State. Changes require an additional filing.		100	NUMBER OF SHARLS 100		<u>s</u>	No Par	
		····-					
11. This report must be execurustee, this report must be ex					oration is in th	ne hands of a receiver	
Under penalty of perjury, I on the statements, and that all statements.	declare and affirm	that i have examii	ned this report, it	ncluding any accor	npanying sc	hedules and	
Name of Authorized Represe	<u> </u>		Date //26/	/18			
Jeanne D. George Signatu <u>re</u> of Authorized Repr	ęsęntati/e				1/00/		
Signature of Authorized Repr	Learg	e SIGN DO	OCUMENT HERE				
MAIL TO:	•		F	EB 2 3 2018			

BY 2620

FORM 630 - Revised: 10/2017

Division of Business Services

Phone: (401) 222-3040

Website: www.sos.n.gov

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

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