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RI SOS Filing Number: 201859071270 Date: 2/23/2018 4:00:00 PM partment of State - Business Services Division

Ann	. Report for the year:	
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Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by April 1.										
Entity ID Number 2. Exact name of the Corporation										
4361	COAS	StAID	ES191	1 ORK	<u>-</u>	<u>, </u>				
3. Principal Office Address	1 1) (City	1 10 0	State	Zin nous 7				
108 (DRN)	18ch X	0.	400C	1 SAM		00007				
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island										
17 -13/mb/legign & Warreting & SARE OF										
5. State of Incorporation	Racion	a tuin	TLOO	ne not	C/Ac	10×10×0C				
K. L. W	I WCILL	A (0),)	7101	$1 > (-) \times ($	4 HCG	GORIES				
7. List ALL officers (names and add	resses)		Vice-President		e box to indicate	an attachment ப				
President Name WAR GARNER			AM ELA (XASNON)							
Street Address	20 Ned	2 Ra.	Street Address		100					
CMD	State	Z12 2/1/2	City	CAY	State	Zip				
Secretary Name		104011	Treasurer Name	- / / / /						
Decretary Warrie										
Street Address			Street Address							
City	State	Zıp	City		State	Zip				
		<u>.</u>	<u> </u>	Check th	le box to indicate	an attachment				
8 List ALL directors (names and ad	aresses)		Director Name	CHECK II	ie box to indicate	an anominor a				
Director Name										
Street Address			Street Address							
City	State	Zıp	City		State	Zip				
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City		State	Zip				
		10. Shares Issue	<u> </u>	Check th	ne box to indicate	an attachment				
9 Shares Authorized This information is currently of recor	d in the	NUMBER OF SH								
Department of State.	•	101	7	C+V		1 NP				
Changes require an additional filing.		7 1 7 1								
1		<u></u>		- Add a Make a second	ation in in the han	de of a receiver of				
11. This report must be executed or	d on behalf of the	corporation by the	receiver or tru	ustee.						
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										
Name of Authorized Representative CASNER - 02/19/2018										
Signature of Authorized Representative FILED										
MAIL TO:	FEB 23 2018									

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401):222-3040

BY 4711