RI SOS Filing Number: 201859607000 Date: 3/1/2018 4:00:00 PM

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. Ently I/D Number 2. Exact name of the Corporation RI 2. Exact name of the Corporation RI 2. Exact name of the Corporation RI 3. Principal Office Address Check the box to indicate an attact of the state of the box to indicate an attact of the state of the box to indicate an attact of the state of the sta	Annual Report for th	e year: 201	8				STAMP	
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I1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a requisite, this report must be executed on behalf of the corporation by the receiver or trustee.						oration is in the	hands of a receiv	
			d herein are true a	nd correct.		[Date		
statements, and that all statements contained herein are true and correct.	. <u> </u>	/				Date	2/28/18	
Name of Authorized Representative Date	Alfred Carpionato	1				, I	3 1 ZX 115	

Signature of Authorized Representative

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FILFN

MAIL 70: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov MAR 0 1 2018

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FORM 630 - Revised: 10/2017