RI SOS Filing Number: 201860248380 Date: 3/12/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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. Entity ID Number	2. Exact name of the Corporation
150228	**Maureen's Place, Inc.**

3. Principal Office Address	City	State	Zip
243 State Avenue	**Tiverton**	**RI**	**02878**

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390 al anc	**to engage in any and all lawful business including owning and managing real estate**
5. State of Incorporation: **RHODE ISLAND**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Scott Rounseville**			Vice-President Name **Robin Rounseville**		
Street Address **243 State Avenue**			Street Address **243 State Avenue**		
City **Tiverton**	State **RI**	Zip **02878**	City **Tiverton**	State **RI**	Zip **02878**
Secretary Name **Robin Rounseville**			Treasurer Name **Scott Rounseville**		
Street Address **243 State Avenue**			Street Address **243 State Aveue**		
City **Tiverton**	State **RI**	Zip **02878**	City **Tiverton**	State **RI**	Zip **02878**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10 Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	**COMMON**	**NO PAR**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or 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
Scott Rounseville, President	2/28/18

Signature of Authorized Representative: Scott E Rounseville SIGN DOCUMENT HERE

FILED
MAR 12 2018
BY 1183 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016