RI SOS Filing Number: 201861479530 Date: 4/2/2018 4:00:00 PM

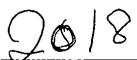


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (491) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAI	LURE TO FILE T	HIS REPORT BY MA	ARCH 31 WILL RESULT IN A	\$25.00 PENALT	Y FEE.
1. Entity ID No.	2. Exact name of	the Corporation .	E 1/000	10-0 T	<u></u>
000 4694	Cơ N	Netti	ENTERPR	1505 LN	GRPORATE
	(well of	04D	Roedulle	State R-I	Zip 2898
4. Business Phone No. 49	0/00	•	5. State of Incorporation HODE ISLAND		
6. Brief description of the charac	ter of business con	ducted in Rhode Island			
MANUFACTORN		CRS-SAG		4 SLICE!	DICED MY
7. LIST ALL OFFICERS (NAME	ES AND ADDRESS	ES) ("X" BOX FOR AT		- ++	
President Name ONALE COUNCIT!			Vice-President Name LD & CONVETTI		
Street Address Col	we 11 R	D	Street Address		
City Frencelle	State	Zip 28 28	City	State	Zip
	I CONVE	741	Treasurer Name		
Street Address City State Zip			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAI	MES AND ADDRES	SES) ("X" BOX FOR A	ATTACHMENT)	·	
Director Name NALD & CONNETT 1			Director-Name Director-Name CONNETT /		
Street Address GRWII ROAD			Street Address Colwell AD		
CIT REENVILR	State	Zip 288	City ROENIH	State	Zip 0288
DONALD F	CONNET	 ナi	Director Name 1) ONALD E CONNETT!		
Street Address OA (je// Rt	>	Street Address 60 Co Lw < 11 RD		
city ACNUILLE	State	zip 02821	GARRIVILLE	State	zip 2821
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BO	X FOR ATTACHME	NI) 🗌
		Au	NUMBER OPEHARES CLASSA	SERIES F	AR VALUE
This information is currently of State. Changes require an a		ice of the Secretary	1000 Va	mmon x	MYDR MILIE
of State. Changes require an a See Section 9 of instruction sh		, , ,			1/7/N VAIN
· · · · · · · · · · · · · · · · · · ·	······································		100 121	TWO N M	8 1 HM V d) UP
This report must be executed o			d representative. If the corporation the corporation by the receiver or		receiver or trustee,
	•		Under penalty of perjury, I de		
File Date		FILED (this report, including any account that all statements contains		
Check No	· · · · · · · · · · · · · · · · · · ·	• • •	TT Alax	- All	n/20/10
Ву:		APR 02 2018	Signature of Authorized Repre	·	Date
FOR SECRETARY OF STATE	USE ONLY	317	Do A 4 LD Print or Type Name of Authori	LNWST	CONNETT
Form No. 630 Revised: 01/2012	D1_	C .	Tant or 1790 Haire of Addition	200 Hopioaciiiaii+o	
nevišeu, u i/ZU1Z		, *			