State of Rhode Island an Department of Sta)ivision			SECRE CORF
Annual Report for the ye Corporation	ear: 2018		<u></u>			RETARY RETARY REDRAI
→ Filing period: January 1 - N → Filing Fee: \$50.00	March 1					IVED FOR ST
→ Penalty: Additional \$25.00 f	ee if form is not	filed by April 1.				Ö : 01 377 15 11 5 1
1. Entity ID Number リタインフ		of the Corporation	Billing	Service		7 × m
3. Principal Office Address		1	City	;	State	Zip
652 George	Washing	gten Hug.	Line		RI	02865
4. NAICS Code	6. Brief descrip	tion of the characte	•	onducted in Rhode Isl	and	
<u> </u>	Therd	party i	rsman	ce belling	office	é
5. State of Incorporation		ĭ [,		
7. List ALL officers (names and add	dresses)		here been a		ne box to indica	ate an attachment 🔲
President Name Useller O fits	Vice-President Name NDML					
Street Address 10 Searce	A)		Street Address		-	
City)	State	Zip	City		State	Zip
Dawing You Secretary Name ()	14.1	628/6	Treasurer Name	<u> </u>		
NM	None					
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ac	ddrossos)	_1	1 .		<u> </u> 	1
o. List ALL directors (marries and at	<u>uuresses)</u>			Check th	ne box to indica	ate an attachment 🔲
Director Name N Me	<u>ouresses</u>		Director Name	Check the Check	ie box to indica	ate an attachment
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