

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP -4 AM 10: 34

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

| → Penalty: Additional \$25.00 fo | ee if form is not | filed by April 1. | | | | | |
|--|--------------------|--------------------|---|---------------------|-----------------|--------------------------|--|
| Entity ID Number | 2 Exact name | of the Corporation | | | | | |
| B00144205 | und | 2 (3 - | en h. | 944 | 120 | | |
| 3 Principal Office Address | | | City | | State | Zip | |
| 940 Dou | gles c | Zue | Tron | | RI | 02908 | |
| 4. NAICS Code 6 Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 1445510 | 1 1 | 100 | 83v | ~ e | | | |
| 5. State of Incorporation | 1 ~ | -1-1-40. | | _ | | | |
| RI | | | | | | | |
| 7. List ALL officers (names and add | dresses) | | | Check | the box to inc | dicate an attachment | |
| President Name Sen 19 Min | . B | Fastodi | Vice-President Na | me | - | | |
| Street Address | | 1 - 3 00/1 | Street Address | | | | |
| 206 Mess- 8t | | | | | | | |
| City OU B | State | Zip 200 | City | | State | Zıp | |
| Secretary Name | | 10 200 | Treasurer Name | | .1 | | |
| Charact Address | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | - | State | Zip | |
| 8. List ALL directors (names and ad | <u> </u> | | | | <u> </u> | | |
| Director Name | | | Director Name | Uneck | the box to inc | dicate an attachment | |
| Street Artrices | N B | Fasbole | | | | | |
| Street Address 206 mes5- | Street Address | Street Address | | | | | |
| I City | State | Zip | City | · · · · · · | State | Zip | |
| ou ou | <u> </u> | 02909 | ·· | | <u> </u> | | |
| Director Name Director Name | | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | 77.0 | CA | | Tour | Tax · · · | |
| ony . | State | Zıp | City | | State | Zip | |
| 9. Shares Authorized 10. Shares | | 10. Shares Issu | ued Check the box to indicate an attachment | | | | |
| This information is currently of record in the Department of State. | | NUMBER OF | | CLASS/SERIES | - | PAR VALUE | |
| Changes require an additional filing. | | 8 8 | . 0 60 00 | | | \$ 0.0000 | |
| The state of the s | | - | | | | | |
| 11. This report must be executed o | n behalf of the co | prporation by an a | uthorized represent | ative. If the corpo | ration is in th | e hands of a receiver or | |
| trustee, this report must be execute | ed on behalf of th | e corporation by t | he receiver or truste | ee. | | | |
| 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 | | |
| Benjamin Forbote | | | | | 9-1 | 4 ←18 | |
| Signature of Authorized Representative | | | | | | | |
| OFFI O A 2019 | | | | | | | |
| MAIL TO: | | | | | | | |

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov