RI SOS Filing Number: 201877881460 Date: 9/20/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the yea	ar: 2015	8				STA: 7	
→ 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 00066634	2. Exact name of RUD ht	the Corporation	on Er	19 line	Serviu	. The	
3. Principal Office Address  22 WULD WH			City Wari	oick.	State	02852	
4. NAICS Code \$11198 5. State of Incorporation \$Prode\S\and	6. Brief descriptio	on of the character	of business of NaUh U	ronducted in Rt	node Island		
7. List ALL officers (names and add	resses)				Check the box to in	dicate an attachment	
President Name RISSUI Clohr			Vice-President		\$n		
1910000 Buptist Ro			Street Address J Baptist RJ				
Mokiestn	State	<u>509827</u>	M.KL	nastow	n Starl	7838	
Secretary Name (NT15t8 Phy K	2 Johns	10	Proposurer Nam	en Cl	ohul s	<del>-</del>	
Street Address Old Bax	<u> </u>	۵.	Street Address	la Ba		24	
cino kupth	State	303812	CHY DO A	aiptr	State	09825	
8. List ALL directors (names and ad Director Name	Check the box to indicate an attachment  Director Name						
Director Hame				on octor rante			
Street Address			Street Address	S			
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Shares Authorized     This information is currently of recor	10. Shares Issue NUMBER OF SH				the box to indicate an attachment PAR-VALUE		
Department of State.		100	Common		T	np, fa	
Changes require an additional filing.						VALUE	
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  Pubscil Clobuso 11.							
Signature of Authorized Representative GN DOCUMENT HERE FILED							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Phone: (401) 222-3040 Website: www.sos.ri.gov	Island 02904-2615		В	SEP 20	1597	ORM 630 - Revised: 10/2017	