RI SOS Filing Number: 201985447150 Date: 1/28/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1 *

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

	- 	FD

JAN 28 2019

BY 3019

Entity ID Number	2 Evant name	e of the Corporation			<u> </u>				
70442		Exact name of the Corporation A-1 MOBILE HOMES, INC.							
			10::		Chaha	17in			
3. Principal Office Address			City		State	Zip			
43 LANGDON AVENUE			PAWTUCKE		RI	02861			
4 NAICS Code	6. Brief descr	iption of the charac	ter of business co	onducted in Rh	ode Island				
531190	TRAILER PA	TRAILER PARK RENTALS							
5. State of Incorporation									
RHODE ISLAND									
7 List ALL officers (names an	nd addresses)		<u>-</u>		heck the box to	ndicate an attachment			
7. List ALL officers (names and addresses) President Name			Vice-President Name JEAN VITALI						
President Name JEAN VITALI									
Street Address 43 LANGDON AVENUE			Street Address 43 LANGDON AVENUE						
City PAWTUCKET	State RI	^{Zip} 02861	City PAWTU	CKET	State RI	Zip 02861			
Secretary Name JEAN VITALI			Treasurer Name JEAN VITALI						
Street Address 43 LANGDON AVENUE			Street Address 43 LANGDON AVENUE						
City PAWTUCKET	State RI	Zip 02861	City PAWTU	City PAWTUCKET State		^{Zıp} 02861			
8. List ALL directors (names a	and addresses)			_ (Check the box to	indicate an attachment 🔲			
Director Name JEAN VITALI		<u> </u>	Director Name	_					
			Street Address						
Street Address 43 LANGDON									
City PAWTUCKET	State RI	Zip 02861	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
Street Address									
City	State	Zip	City		State	Zip			
0.01			euod.		Check the hoy to	indicate an attachment			
	9. Shares Authorized 10. Shares Is This information is currently of record in the NUMBER		SUBCI CHECK THE BOX TO INDICATE SHI ARRESTMENT OF SHARES CLASSISLRIES PAR VALUE						
Department of State. Changes require an additional filing.		160		COMMO	COMMON NO PAR VA				
					· ·				
11. This report must be exec	معاد كا كالمحام من المحادد	n compression by an	authorized repres	sentative If the	compration is in	the hands of a receiver or			
trustee, this report must be e	executed on behalf o	f the corporation by	the receiver or tr	ustee.					
Under penalty of perjury, I	declare and affirm	that I have exami	ned this report, i	ncluding any	accompanying :	schedules and			
statements, and that all sta	tements contained	d herein are true a	nd correct.		Date				
Name of Authorized Representative JEAN VITALI					1-24-18				
Signature of Authorized Rep	resentative,	<u></u>	<u> </u>	<u> </u>		· <u>.</u>			
40 am	Vitali.	SIGN DO	CUMEN HE	RE					

MAIL TO:

Division of Business Services

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

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