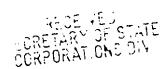
RI SOS Filing Number: 201989306750 Date: 3/26/2019 4:00:00 PM

(B)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation



2019 MAR 26 PH 1:57

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

→ Penalty: Additional \$25.00 to	ee if form is not t	iled by April 1.					
Entity ID Number 2 Exact name of the Corporation							
151595	Affordable queltation CO. THC. City Paul State Zip O2860						
Principal Office Address	•		City	•	State	Zip	
22 Duddly			pour		RZ	05960	
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
238290							
5 State of Incorporation							
RI	Theolosier						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name			Vice-President Name				
Street Address	Street Address						
Street Address REHOBOR MA City HOBSON AU State MA Zip Secretary Name							
HOBSON AN	State M4	Zip 2869	City	·	State	Zíp	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	<u></u>	State	Zıp	
8 List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
		<u> </u>	<u> </u>		<u> </u>		
9. Shares Authorized		10. Shares Issue			ne box to indica	ete an attachment PAR VALUE	
This information is currently of record Department of State.	rd in the	NUMBER OF SE	MAKES	CLASS/SERIES		PAR VA. GE	
Department of State.			}		į .		
Changes require an additional filing.							
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 Date							
AMAUDIT FERNANDES 3-26-19							
Signature of Authorized Representative							
MAIL TO:				1.57	,		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 6 2019 / . 5 /

BY Ch JSS JB

FORM 630 - Revised: 10/2017