State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020			FILED					
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			JAN 27 2020 &					
1. Entity ID Number 001683764	2. Exact name of	1 0	1					
3. Principal Office Address	1 Abbic		<u>corat</u>	<u>ion</u>	ICtoto	[7: ₋		
_800 Kelly W	Jay		City HOLV	oke	State M/	7 01040		
4. NAICS Code 531311 5. State of Incorporation MA	6. Brief description			onducted in Rhode Is		nent		
7. List ALL officers (names and a	ddresses)		Ness Deserted	Check t	he box to ir	ndicate an attachment 🔲		
President Name Paul M. Stelzer Street Address			Vice-President Name Robin Rupp					
4 Gary Drive			Street Address 114 Kennedy Road					
city Westfield	State HA	Zip 01085	1	nchester	State C	T 200042		
Secretary Name Linda Kosze uski				Treasurer Name Joanne Beaure gard				
Street Address 27 Mass Ave			Street Address 257 Lathop St					
city Holyoke	State MA	ZIP 01040	City S.H	adley	State	A Zp 01075		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Joanne Beauregard			Director Name Paul H. Stelzer					
Street Address 257 Lath			Street Address	4 Gan	y Dr	rive		
City S. Hadley	State	Zip 01075	City Was	stfield	State H	A 201085		
Director Name Gregory	Dubrevi	1	Director Name	Robin T	SOPE			
				Street Address 114 Kennedy Road				
city S. Hadley	State MA	Zip 01075	City May	nonester	State C	zip 06042		
9. Shares Authorized		10. Shares Issue	d	Check t	he box to in	ndicate an attachment 🗀		
This information is currently of rec Department of State.	ord in the	NUMBER OF SE		CLASS/SERIE'S		PAR VALUL		
Changes require an additional filing.		100		Common		No Far 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 of								
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 Representati		om ure aue and	viicti.		Date			
Paul H. S	<u>.</u>	1-6-2020						
Signature of Authorized Represei	ntative	SIGN DOCL	MENT HERE		·			

MAIL TO:

Division of Business Services

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

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