	RI SOS Filing Number: 202040648820 State of Rhode Island and Providence Plantations	
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Annual Report for the year:

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

Date: 5/21/2020 2:47:00 PM

Department of State - Business Services Division

Annual Report for the yea Corporation	ır: <u></u> ఎ	<u> </u>		RECEIVE R.I. DEPT. OF		
→ Filing period: January 1 - Ma	BUS SYCS DIV					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee	2020 MAY 2 PM 2: 36					
1. Entity ID Number	2. Exact name o	f the Corporation	· · · · · · · · · · · · · · · · · · ·			
00159697	AOB	Property 1	Unate	ennice too	•.	
3. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City	30 40 CE 1 20 1/C	State	Zip
113 Bluff Stre	ret		Rive	enance toc erside	RI	02915
4. NAICS Code		on of the character	<u> </u>	conducted in Rhode Is	sland	1 02/13
5. State of Incorporation	maintena	nce				
RI						
7. List ALL officers (names and addr	esses)			Check	the box to indicate	an attachment
President Name	<u> </u>		Vice-Presiden	it Name		Jan Balachine L
Street Address A BArry		Street Address A. BATTA # ST.				
113 Bluff Str				3 Bluff SH	rcet	
Riverside	State KI	Zip 02915		verside	State	Zip 02915
Secretary Name	ry A. B	Arratt, Sr.	Treasurer Nar	ne Tethy	1 B	
Street Address	ff stree		Street Address	s ,	A. CHITY	¥t, S∩.
City	State	Zip	City	113 BIG	F Stree	17:0
Kiverisde	<u>R</u> I	02915	City RIVE	Vicle	State	2ip 02915
8. List ALL directors (names and add Director Name	resses)				the box to indicate	an attachment 🔲
Oneda Name			Director Name	2		
Street Address		·	Street Address	S		
City	State	Zip	City		State	Zip
Director Name			Director Name	9		
Street Address	Street Address					
			000000	•		
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issued			ne box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SH	ARES CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		0				
11. This report must be executed on	behalf of the con	poration by an auth	orized repres	sentative. If the corpor	ation is in the har	ids of a receiver or
trustee, this report must be executed Under penalty of perjury, I declare	and affirm that	corporation by the I have examined	receiver or tr	<u>Ustee.</u> nciudina any accom	panying schedu	les and
statements, and that all statement Name of Authorized Representative	s contained her	ein are true and c	orrect.		parrying corrects	
realite of Authorized Representative					Date	1 =
Signature of Authorized Representat	1,50				2151	12020
Len A Banati	$> \mathcal{L}$	SIGN DOCU	MENT H FIL	.ED		
MAIL TO:			MAV 2	1 2020		-
Division of Business Services 48 W. River Street, Providence, Rhode Is	sland 02904-2615	1	_	,		
Phone: (401) 222-3040	02004-2010		41.6	KGTQ		
Vebaite: www.sos.ri.gov		•	, ,	ØT77 7:47	FORM 63	30 - Revised: 10/2017
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