

State of Rhode Island

Department of St	ara - Dazille2	2 241 Alce2 D	ivision			
Annual Report for the year:	205	21				
Corporation -	ΔU	<u></u>		RECEIVED		
Filing period: February 1 -	May 1		~ i	r (TS)		
→ Filing Fee: \$50.00			,,			
→ Penalty: Additional \$25.00 f	ee if form is not fi	led by May 31.		2 0 12 0	i	
1. Entity ID Number	2. Exact name of	the Corporation	207	JUN - 7 12		
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3. Principal Office Address	10.110		City	Jariet,	State	17in
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5 State of Incorporation	b	LACVICA	e R.	osiness	•	
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Island	<u> </u>					
List ALL officers (names and add	lresses)			Check the box	to indicate an att	achment 🔲
President Name			Vice-Presiden)	
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City	State	Zip	City ,		State	Zip
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8. List ALL directors (names and addresses) Check the box to indicate an attachment						
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