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Shake of Phodo Island					SEC STEC		
State of Rhode Island  Department of State - Business Services Division						žÖ	
2 00 mg//							
Corporation (A)						j Program Tr	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00							
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number  153121	2. Exact name of the Corporation  BAL A. MERCURI'O				ne.		
3. Principal Office Address  46 BROAD St.				City State Zip D2885			
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
812112							
5. State of Incorporation Haidusau							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name AL A. Mercerio			Vice-President Name				
Street Address 44 BROND St.			Street Address				
CHUAKKEN	State /	2ip 2885	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name				Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issue	d d	Check the box	to indicate an at	achment 🗆	
This Information is currently of record Department of State.	d in the	NUMBER OF SH	ARES T	CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		100		<del> </del>	0 -	0/00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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/  A / Date							
Dol 16. Molcely 5. 111-25							
Signature of Authorized Representative  BY 36860							
MAIL TO: Division of Business Services							

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Website: www.sos.ri.gov