



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 00074421		2. Exact name of the Corporation APOTACA MERGER SUB, INC.			
3. Principal office address 780 PENNINGTON AVE #123			City CRANSTON	State R.I.	Zip 02910
4. Business Phone No. 401-641-0405		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SPECIAL PURPOSE ACQUISITION VEHICLE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)					
President Name DAVID HUGHES			Vice-President Name		
Street Address 17 COVENTRY STAGGERS PARK			Street Address		
City COVENTRY	State RI	Zip 02861	City	State	Zip
Secretary Name DAVID HUGHES			Treasurer Name		
Street Address 17 COVENTRY STAGGERS PARK			Street Address		
City COVENTRY	State RI	Zip 02861	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR 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	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100,000		

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUN 27 PM 12:30

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.

FILED

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.

Signature of Authorized Representative: SCOT SCHEER Date: 6/27/13

Print or Type Name of Authorized Representative

File Date: JUN 27 2013
 Check No:
 By: [Signature]
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