

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 2015

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.		2. Exact name of the Corporation R.S.L. MANAGEMENT, INC.				
72682	R.S.L.					
3. Principal office address 111 CHURCH POND DRIVE			City TIVERTON	State RI	Zip 02878	
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			
SELL, DEVELOP, I	NVEST IN REAL	conducted in Rhode Island - ESTATE, PERSONA	AL PROPERTY INV	ESTMENTS		
72.EST/AULOFEICERS (NAMES AND ADDRESSES) (CX 189) (FOR A President Name ROLAND S. LECOMTE			Vice-President Name ROLAND S. LECOMTE			
Street Address 111 CHURCH POND DRIVE			Street Address 111 CHURCH POND DRIVE			
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878	
Secretary Name ROLAND S. LECOMTE			Treasurer Name ROLAND S. LECOMTE			
Street Address 111 CHURCH PON	ID DRIVE		Street Address 111 CHURCH P	OND DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878	
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Director Name N/A			Director Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name N/A			Director Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	Data		Maská řieši (ššije)	alazat io kipo: wayka	MENTI	
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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.			1000	COMMON	NO PAR	
This report must be exec	uted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the fifthe for the corporation by the r	corporation is in the hands eceiver or trustee.	s of a receiver or trustee,	

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Form No. 630 Revised: 01/2012 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.

FILED

Signature of Authorized Representative

Date

ROLAND S. LECOMTE, PRESIDENT

JAN 2 3 2015 Print or Type Name of Authorized Representative

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