

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90057 028 ***158.75

DOCUMENT # 844818

1. Entity Name
THE ROBINSON GREEN BERETTA CORPORATION



Principal Place of Business
**50 HOLDEN ST.
PROVIDENCE, RI 02908**

Mailing Address
**50 HOLDEN ST.
PROVIDENCE, RI 02908**

40041547



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

05-0340548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **BERETTA, JOSEPH**
STREET ADDRESS **50 GRANDVIEW AVE**
CITY-ST-ZIP **LINCOLN, RI 02865**

TITLE **VPDS** ☐ Delete
NAME **DEQUATTRO, DAVID**
STREET ADDRESS **5 CEDAR FORREST ROAD**
CITY-ST-ZIP **NORTH SMITHFIELD, RI 02896**

TITLE **VPD** ☐ Delete
NAME **HATCHER, JEFFREY**
STREET ADDRESS **6 JESSE DRIVE**
CITY-ST-ZIP **PORTSMOUTH, RI 02871**

TITLE **VPD** ☐ Delete
NAME **CARLSON, JAMES R**
STREET ADDRESS **E. KILLINGLY ROAD RFD 1**
CITY-ST-ZIP **FOSTER, RI**

TITLE **VPD** ☐ Delete
NAME **FERLAND, RUSSELL**
STREET ADDRESS **126 SLATER PARK AVENUE**
CITY-ST-ZIP **PAWTUCKET, RI 02861**

TITLE **VP** ☒ Delete
NAME **MCMAHAN, CHRISTOPHER W**
STREET ADDRESS **17 DIMAN PLACE**
CITY-ST-ZIP **PROVIDENCE, RI 02906**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **WILLIAM HUGHES**
STREET ADDRESS **64 ALLEN AVE**
CITY-ST-ZIP **RIVERSIDE, RI 02915**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JOSEPH R. BERETTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08

401 272-1730