

1.) CORPORATION NAME: C.A.R.P.I., U.S.A., Inc.	DUE DATE: 3/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060	SCC ID NO: F1285545				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: KY					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4370 STARKEY RD STE 4D CITY/ST/ZIP: ROANOKE, VA 24018	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN ALLEN WILKES TITLE: PRESIDENT ADDRESS: 4370 STARKEY RD, SUITE 4D CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ADAM PAUL WOOD TITLE: TREASURER ADDRESS: 4370 STARKEY RD, SUITE 4D CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ALBERTO SCUERO TITLE: DIRECTOR ADDRESS: VIA STEFANO FRANSCINI 2 CITY/ST/ZIP/CO: CASELLA POSTALE 208 CH-6830 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ADAM PAUL WOOD	ADAM PAUL WOOD, TREASURER	1/9/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.