

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

108 401.222.3640

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a benuity fee of \$25.00

000164836 3. Street Address Principal Bit 112 Dillabur Avenu	CLX Corpe	JUGUOTI			
112 Dillabur Avenu	тогива Одисе		City:	State	Vie
	112 Dillabur Avenue			RI	02852
4. Business Phone No. 5. State of Incorporati (401) 886-5135 Rhode Island			tion		102002
6. Brief Description of the Cha Providing services an	aracter of Business Conducted and Interest of Interest In	ned in Rhode Island rnet based entitites cons	sisting of performance and qua	ality of service monitor	ina.
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR A	ATTACHMENT) FILL IN SE	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Darrell Lucente			None		
Street Address 112 Dillabur Avenue	e		Street Address		
շար North Kingstown	State RI	<i>Ζψ</i> 02852	City	State	Zip
Secretary Name John Croy			Treasurer Name John Croy		
Street Address 21 Bailey Avenue			Street Address 21 Bailey Avenue		
City Middletown	State RI	Ζφ 02842	City Middletown	State RI	Ζφ 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Darrell A. Lucente Street Address			Director Name John Croy Street Address		
same as above	State	Ζίρ	same as above		
~ ~	Sittle] ^{2.10}	City	State	21p
Director Name			Director Name	J	
Straet Address			Street Address		
СИу	State	Zip	Сиу	State	Ζiþ
9. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR &	TTACHMENT) [10. SHARES ISSUED (IMENT)
Number of Shares	Class/Sortes	Par Value	Number of Shares	Class/Series	Par Vahie
100	stock	\$.01	100	stock	\$.01

File Date	FILED
Check No.	MAD 2 6 2008
Ву:Ву	788
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have examined this report,
including any accompanying schedules contained herein are true and correct	and statements, and that all statements
Contained fictern are true and correct	3/4/4
Signature	Date
Darrell A. Lucente	
Print or Type Name	
President	
Titla	