



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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 penalty fee of \$25.00.

1. Corporate ID No. 41675		2. Name of Corporation B. SIGN GRAPHICS, INC.	
3. Street Address Principal Business Office 27 Libera Street			City Cranston
			State RI
			Zip 02920
4. Business Phone No. 401-943-6941		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island PRINTING OF SIGNS, ETC.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Peter J. Carpentier		Vice President Name Peter J. Carpentier	
Street Address 27 Libera Street		Street Address 27 Libera Street	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Secretary Name Peter J. Carpentier		Treasurer Name Peter J. Carpentier	
Street Address 27 Libera Street		Street Address 27 Libera Street	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Peter J. Carpentier		Director Name None	
Street Address 27 Libera Street		Street Address None	
City Cranston	State RI	Zip 02920	City
			State
			Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
			Class/Series
			Par Value
1,000 Common No Par Value			100
			Common
			No Par Value

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.

File Date **FILED**

Check No. **MAR 12 2009**

By: **11573**

FOR SECRETARY OF STATE USE ONLY

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 _____ Date _____

Peter J. Carpentier

Print or Type Name

President

Title