

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

401.222.

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

I4 w (R.I.G.L. 7-1.2-1:	501(c&d)) is subject to a pend	ilty fee of \$25.00.			-
1. Corporate ID No. 00015430					
		ube and Associate	· · · · · · · · · · · · · · · · · · ·		
3. Street Address Principal Business Office 589 Atwells Avenue #4G			Providence Providence	State RI	^{zip} 02909
4. Business Phone No. 401-301-0122 S. State of Incorporation Minnes			sota		
6. Brief Description of t	he Character of Business Conducted	in Rhode Island Artist -	Paintings and Illumin	nated Manuscr	ipts
7. NAMES AND A	DDRESSES OF THE OFFICE		TACHMENT) FILL IN SPA		1
President Name			Vice President Name		
James Kubiatowicz			Judy Kubiatowicz		
Street Address 589 Atwells Avenue #4G			Street Address 589 Atwells Avenue #4G		
^{cin} Providenc		^{Zip} 02909	^{City} Providence	State RI	^{Zip} 02909
Secretary Name Sudy Kubiatowicz			Treasurer Name Judy Kubiatowicz		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. NAMES AND AL Director Name NON		TORS: ("X" BOX FOR	ETACHMENT) T FILL IN S Director Name NONE	PACES BEFORE USII	NG ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHO AUTHORIZED SHARE	ORIZED ("X" BOX FOR I	TTACHMENT)	10. SHARES ISSUED (· • • • • • • • • • • • • • • • • • • •
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,001	Common Voting Shares	.00	NONE		
This report must b	e executed on behalf of the	corporation by an author	ized representative. If the corp	xoration is in the hand	ds of a receiver or truster
this report must be	executed on behalf of the o	orporation by the receive	er or trustee.		

File Date FILED	Under penalty of including any accountained herein
Check No. SEP 7 2007	Signature James
By. By 658	Print or Type Nate Preside
FOR SECRETARY OF STATE USE ONLY	Title

including any accompanying schedu	nd affirm that I have examined this report les and statements, and that all statements
	stv 9.4.07
Signature James Kubiaowicz	Date
Print or Type Name President	
Title	