

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with public 1, 2-1501(e), each or proposed in 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		ee of \$25.00.			
1. Corporate ID No.	2. Name of Corporation	a Tanaarian ta 1			
122808 R. Willis Incorporated 3. Street Address Principal Business Office			City	State	Zip
260 Mashentuck Road			Danielson	CT	06239
		5 State of Incorporation			
401-486-9232 R		Rhode	Island		
6. Brief Description of the Character of	of Business Conducted in K	bode Island			
Mobile Cater 7. NAMES AND ADDRESSES President Name	ring OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPACE: Vice President Name	CES BEFORE USING AT	TACHMENTS
Raymond A. Willis			Ana P. Willis		
Street Address			Street Address		
260 Mashentuck Road			260 Mashentuck Road		
City	State	Zip	Gin'	State	Zip:
Danielson Secretary Name	CT	06239	Danielson Treasurer Name	СТ	06239
Ana P. Willis			Raymond A. Willis		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name	of the director	S: ("X" BOX FOR ATT	: ACHMENT)  FILL IN SP. Director Name	ACES BEFORE USING A	TTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Ζip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zψ
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value
<u></u>					
8,000 NO PAR VALUE			100	Common	No Par Value
This report must be executed				oration is in the hands of	a receiver or trustee.
this report must be executed of	on behalf of the corp	oration by the receiver t	or trustee.		
				ry, I declare and affirm that anying schedules and staten	
File Date FILED	)	]	eentained herein are tr		icitis, and that the statemen
CED 1 1 on			Signature	(A)/\(\sigma^2\)	Date
Check No. SEF 1 20	) )		Ana P. Wil	lis	
By: By 3/3			Print or Type Name Vice Presi	dent	
FOR SECRETARY OF STA	ATE USE ONLY	_	Title		Form 630 Page 12/06
	V				Form 630 Rev. 12/