

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

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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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- law (R.I.G.L. 7-1.2-1501(c&d)) is	1.2-1501(e), each corp s subject to a penalty f	oration failing or refusin ee of \$25.00.	g to file its annual report with	in thirty (30) days after	the time prescribed by			
1. Corporate ID No. 2. Name of Corporation								
113401								
3. Street Address Principal Business (	)[fice		City	State	Zip			
4. Business Phone No.		5. State of Incorporation		. <u></u>				
DELAWARE								
6. Brief Description of the Character of Business Conducted in Rhode Island  DEAL IN AND WITH REAL AND PERSONAL PROPERTY OF EVERY KIND, INCLUDING GOODS, WARES AND MERCHANDISE OF								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name		Vice President Name						
Street Address		Street Address						
6 BLACKSTON	<del>,                                    </del>	1 PLACE	Street Address BOXWO	OD ROAD				
LINCOLN	State ZI	Z 09805	CITYLINCOLN	State 21	<sup>ztp</sup> 09865			
EBWALL H. BANSE			DOWARD H. DANSE					
U BLACKSTO	T	EN PLACE	6 BLACKST	ONE VALLE	M PLACE			
LINCOLN	State <b>L</b>	TO1805	<sup>City</sup> LINCOLN	State <b>L</b>	02865			
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT		ACES BEFORE USING	ATTACHMENTS			
Director Name COWARD H. SANSE Dir			WENG TAO					
6 BLACKSTONE VALLEY PLACE		5 BOXWOOD ROAD						
LINCOLN	State R1	762865	LINCOLN	State L	<b>\$02865</b>			
WILLIAM TENTE		Director Name		SE PE				
Street Address DAVIS STREET		Street Address	72					
SEEKONK	State MA	<sup>zo</sup> 02771	City	State	<b>24</b>			
9. SHARES AUTHORIZED (*AUTHORIZED SHARES	"X" BOX FOR ATTAC	CHMENT)	10. SHARES ISSUED ("X		IENTO DE SE			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
10,000 COMM \$0.001 PAR VA	LUE		34,000	comm	#0.001			
			. A 6 M M M					
This report must be executed	on behalf of the corp	oration by an authorized	l representative. If the corpo	ration is in the hands of	f a receiver or trustee			
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.								
Under penalty of perjury, I declare and affirm that I have examined this repo								
*113401*			including any accompanying schedules and statements, and that all statement contained herein are true and correct.					
File Date 3/03	/07		Signature D	10	2-19-07			
Check No	10905		WENG T	10	Date			
Ву:			Print or Type Name  VP CSI	`				
COP SECRETARY OF STATE	TE LISE ONLY		■ At C'9(	)				