RI SOS Filing Number: 200700682780 Date: 09/19/2007 4:00 PM

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

Corporations Divisic
148 W. River
Providence, RI 02904-261
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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 penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
137816	R S & G, Inc.			
3. Street Address Principal Business Office: 30 RIVERVIEW DRIVE		City: NO. PROVIDENCE	State: RI	Zip: 02904
4. Business Phone No.: 401.354-6667	5. State of Incorporation: RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

TO OWN, HOLD, BUY, SELL, MORTGAGE, PLEDGE OR OTHERWISE DEAL IN REAL ESTATE, TO OWN, HOLD, BUY, SELL, PLEDGE OR OTHERWISE DEAL IN TANGIBLE AND INTANGIBLE PROPERTY OF EVERY NATURE.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JOHN AIELLO, JR	Vice President Name: ANN-MARIA AIELLO
Street Address: 30 RIVERVIEW DR	Street Address: 30 RIVERVIEW DR
City: NO PROVIDENCE State: RI Zip: 02904	City: NO PROVIDENCE State: RI Zip: 02904
Secretary Name: ANN-MARIA AIELLO	Treasurer Name: JOHN AIELLO, JR
Street Address: 30 RIVERVIEW DR	Street Address: 30 RIVERVIEW DR
City: NO PROVIDENCE State: RI Zip: 02904	City: NO PROVIDENCE State: RI Zip: 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: NO DIRECTORS	Director Name:
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 AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

137816

File Date: FILED

Check No.: SEP 19 2007

By: By 1072

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 statement contained herein are true and correct.

Signature: Ann-Maria Aiello Date: 9/17/07

Print or Type Name: ANN-MARIA AIELLO

[redacted]

Title: SECRETARY

Form 630 Rev. 08/06