



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

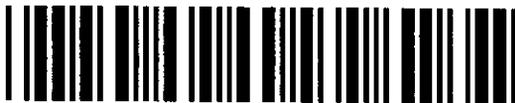
Corporations Division
148 W. River St.
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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. 59680		2. Name of Corporation CREATIVE REVERSIBLE SYSTEMS, INC.			
3. Street Address Principal Business Office 1081 Diamond Hill Road			City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401) 765-6375		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING CABINETS, REPAIR, REPLACEMENT AND GENERAL MILLWORK					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Adelard L. Aubin, Jr.			Vice President Name		
Street Address 303 Brookhaven Lane			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Robert L. Simmons			Treasurer Name Adelard L. Aubin, Jr.		
Street Address 10 Nate Whipple Highway, PO Box 7366			Street Address 303 Brookhaven Lane		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Adelard L. Aubin, Jr.			Director Name		
Street Address 303 Brookhaven Lane			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			*350*	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.



FILED *59680*

File Date **SEP 21 2007 4:00**

Check No. _____

By: **[Signature]** 37525

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 **[Signature]** Date **1/10/07**

Robert L. Simmons

Print or Type Name

Secretary

Title