

## 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

2007

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					
Street Address Desiration Dunis Co	T2093 AAUGUST & ASSOCIATES LID.					
1995 FRENCA	gne 4 TOWAI	Rd	EA.G-REENWICH	State RI	02818	
4. Business Phone No.	,,000	5. State of Incorporation		1-4	164011	
(401) 225-0873 RHODE ISLAND						
6. Brief Description of the Character of Business Conducted in Rhode Island						
7 NAMES AND ADDRESSES OF THE OPPROPES AND ADDRESSES OF THE OPPROPER ADDRESSES OF THE OPPROPER AND ADDRESSES OF THE OPPROPER ADDRESSES OF THE O						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  President Name  Vice President Name						
Detavio R. August			MARY Post Acres			
Street Address			Street Address			
Street Address 1995 FRENCHTOWN RL City EA. GREENWICH RT 02818			MARY-ROSE AUGUST Street Address 1995 FRENCH TOWN Rd. City FA. GREENE 1914 RI C2818 Treasurer Name			
City C	State	Zip 02818	City	State C	Zip	
Secretary Name	1 /2	1 0 2 3 1 8	T.A. G-REEN CICIA	1 1-1	102818	
MARY-ROSE AUGUST			OCTAVIO R. AUGUST			
Street Address			Street Address			
1995 FRENCH CA. GREENWICH	TOWN 1	d.	1995 FRENCH City FA GREENWAGE	470WN Rd	/	
Chy	State RT	02818	EA. GREENWICH	State PT	Zip C. C. C.	
8. NAMES AND ADDRESSES	/ L Of the directors		. 077.0 10001010	<u> </u>	15 9/0	
Director Name  Director Name						
OCTAVIO R. AUGUST			None 28 s			
Street Address 1995 FRENCHTOWN Rd City State 7 740			Street Address			
Chr.	CHTOWN	/ Cd_	CV.	T		
En Corecanna	RI	02818	Сіцу	State	E SEC	
Director Name			Director Name	l		
MIHEY-ROSE AUGUST			None 3			
Street Address			Street Address ST D			
1995 FREWELF	70000 10	<u>d</u>	200	Y	<b>*</b> <=	
FA GOTTONIA	PF P	7.15 072818	Cuy	State	Zip <b>O</b>	
9. SHARES AUTHORIZED ("	X" BOX FOR ATTAC		10. SHARES ISSUED ("X"	 BOX FOR ATTACHME		
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	
8,000 \$1,00	PAR I'M.		100	COMMON	1.00	
0,000 1,00	VALL	· -	100	- UPINEUN	<u> </u>	
This report must be executed	on behalf of the corn	oration by an authorized	representative. If the corpora	tion is in the hands of	a receiver or truetee	
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.						
		<b>M</b> ean				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying sahedules and attachments and that all pages						
File Date						
File Date Signature Date						
Check No.						
Print or Type Name						
By:		•	PRES, DENT	_		
FOR SECRETARY OF STATE USE ONLY  Title						
					Form 630 Rev. 08/06	