State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 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: 93687	2. Name of Corporation: CAEBRY ENTERPRISES, INC.

3. Street Address Principal Business Office: 178 So. Main Street	City: Danby	State: VT	Zip: 05739

4. Business Phone No.: 802-293-5567	5. State of Incorporation: Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island: Leasing, management and performance

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

President Name: Sharon MacFarlane			Vice President Name: Wryanne MacFarlane-Zwolenski		
Street Address: 178 So. Main Street			Street Address: 178 So. Main Street		
City: Danby	State: VT	Zip: 05739	City: Danby	State: VT	Zip: 05739
Secretary Name: Catherine Preble			Treasurer Name: Catherine Preble		
Street Address: 178 So. Main Street			Street Address: 178 So. Main Strete		
City: Danby	State: VT	Zip: 05739	City: Danby	State: VT	Zip: 05739

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

Director Name:			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
100	common	no par value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	common	no par value

This report must be executed on behalf of corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf o orporation by the receiver or trustee.

[redacted] [redacted]

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: Sharon MacFarlane Date:

Print or Type Name: Sharon MacFarlane

[redacted]

Title: President

File Date: FILED
Check No.: OCT 22 2007
By: By 744
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

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