

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

Corporations Division 148 W. River St. Providence, RI 02004-2615 401.222.3040

2007

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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. L. Corporate ID No. 2. Name of Corporation 139909 **RUNNING WITH SCISSORS, Inc** 3. Street Address Principal Business Office RI 60905 CRAnsto 4. Business Phone No. State of Incorporation 4.7-4053 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE CONSULTING SERVICES TO INDIVIDUALS, BUSINESSES AND NOT-FOR-PROFIT ORGANIZATIONS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Street Address Cans Secretary Name Street Address Street Address City State City State Zip8. 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 ZipCin State ZipDirector Name Street Address Street Address CitvState Zip City State 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 1,000 COMM NO PAR VALUE 100 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 report, including any accompanying schedules and statements, and that all statements contained herein are true and confect. File Date FLED Signature FOR SECRETARY OF STATE USE ONLY