

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

7007 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.

1. Corporate ID No. 1 3 2 706	2. Name of Corporation Basics Group Inc.				
3. Street Address Principal Business Office 118 North Main St.			Providence	State R\	21p 02903
4. Business Phone No. 5. State of Incorporation		1 (or, serve		0210)	
401 - 454 - 070 © R1 6. Brief Description of the Character of Business Conducted in Rhode Island					
Professional Services - Marketing and Advertising 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Proceedings Name 1. View Proceedings Nam					
Dwight McMillun					
Dwight McMillun Street Address 4 Woodford Rd City Barrington State R1 02806			Street Address		
Barrington	State (& \	^{Zip} 02806	City	State	Zip
Secretary Name	l		Treasurer Name		
Street Address			Streat Address		
			,		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Street Address			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address		
City	State	Zip	City	State	126
vary.	·	7.47		.766448	Zip .
Director Name			Director Name		
Street Address			Street Address		
City:	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 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
1,000	•	1,00	none		
This report must be executed of this report must be executed o	n behalf of the corpo	ration by the receiver o	Under penalty of perjurincluding any accompa	ry, I declare and affirm that nying schedules and stater te and correct.	f a receiver or trustee. I have examined this report, nents, and that all statements 2 3 0 7 Date
FOR SECRETARY OF STA	TE USE ONLY		Title		Form 630 Rev. 08/06