

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 12/06

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

The accordance with P. I.G. 7.1.2.1801(a) anch combounting failing on particular to file its accordance with the black (20) days often the time becombounded by

Corporate ID No. 8885	2. Name of Corpora Alan T. Dwor	2. Name of Corporation Alan T. Dworkin, LTD			74
i. Street Address Principal Business Office 164 Aitport Road			Warwick	RI State	<sup>Zф</sup> 02889
739-7770 Rhode Isla		5. State of Incorporation Rhode Island			
THE PRACTICE OF I	racter of Business Conducted _AW		TTACHMENT) D' FILL IN S	SPACES BEFORE USING	ATTACHMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name  Alan T. Dworkin			Vice President Name Sandra H. Smith		
Street Address 164 Airport Road			Street Address 164 Airport Road		
City Warwick	State RI	<i>Ζφ</i> <b>02889</b>	Cuy Warwick	State RI	<sup>Ζφ</sup> 02889
Secretary Name Alan T. Dworkin			Treasurer Name None		
Street Address 164 Airport Road			Street Address		
City Warwick	State RI	<sup>Ztp</sup> 0 <b>2889</b>	City	State	Zip
8. NAMES AND ADDR Director Name	esses of the direct	TORS: ("X" BOX FOR	ATTACHMENT) TILL II	N SPACES BEFORE USIN	IG ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J		Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zip
9. SHARES AUTHORIA AUTHORIZED SHARES	ZED ("X" BOX FOR A	TTACHMENT)		("X" BOX FOR ATTAC ECTION MUST BE COMPLETE	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 no par value			100 SHS	common	none
			orized representative. If the	corporation is in the han	ds of a receiver or

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are true and correct.    1/8/07
Check No. JAN 0 8 2008	ALAN T. DWORKIN
By: By 3/866	Print or Type Name  PRESI DENT
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 12/06