

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 2008

401.222.

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

iaw (K.I.G.L. 7-1.2-1501(c&a)	. 7-1.2-1501(e), each co)) is subject to a penalt	rporation failing or refus y fee of \$25.00.	sing to file its annual report withi	n thirty (30) days af	fter the time prescribed by
1. Corporate ID No. 127 550	2. Name of Corporati	embort Gi	roup, Inc.		
3. Street Address Principal Busine		Avenue	Middle town	State R1	02842
4. Business Phone No. 401 - 94	50	5. State of Incorporation	Jersey		70
6. Brief Description of the Charac			3	C ((n))	an agained aspect
7. NAMES AND ADDRESS	ES OF THE OFFICER		<i>'ACHMENT')</i> FILL IN SPAC	ES BEFORE USING	government agong
President Name Andrew	F. Nic	oletta	Vice President Name		
216 Gray Craig Road			Street Address		
middleton	State	Zip	City	State	Zip
Secretary Name	!'I		Treasurer Name		l
Street Address			Street Address		
City	State	Zip	: City	State	Zip
S NAMES AND ADDISES	PE OF THE STREET				,
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A: 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 AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	: 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		—
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			no stares	distribution of the state of th	es especial de la managa.
This report must be execute	ed on behalf of the co	rporation by an authoriz	zed representative. If the corpor	ation is in the hand	s of a receiver or trustee,
this report must be execute	d on behalf of the cor	poration by the receiver	or trustee.		1 1 1
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			including any accompany	ying schedules and sta	that I har fexamined this report at the statements and that all statements
File Date FILED		## 	contained herein are true	and correct.	12/28/
Check No. JAN 0 8 200	18		Signature	MA	Date
WA	0P		Print or Type Name	F. Nic	coletta
By: By			Print or type Name	ent	
FOR SECRETARY OF S	TATE USE ONLY	<u> </u>	Title		- "