



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70230		2. Name of Corporation Amy Dodge Lane, Inc.			
3. Street Address Principal Business Office Water Street		City New Shoreham	State RI	Zip 02807	
4. Business Phone No.		5. State of Incorporation Rhode Island		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Book Store Business					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rosemary Millea		Vice President Name Daniel Millea			
Street Address P.O. Box 133		Street Address P.O. Box 133			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Daniel Millea		Treasurer Name Rosemary Millea			
Street Address P.O. Box 133		Street Address P.O. Box 133			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rosemary Millea		Director Name Daniel Millea			
Street Address P.O. box 133		Street Address P.O. Box 133			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			300	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date

JAN 18 2008

Check No.

By 5860

By

FOR SECRETARY OF STATE USE ONLY

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.

Rosemary Millea 1/17/08
Signature of Officer Date

Rosemary Millea

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01