



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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. 10903		2. Name of Corporation Ginny-B, Inc.		
3. Street Address Principal Business Office 46 Johnson Road		City Foster	State RI	Zip 02825
4. Business Phone No. 401-397-7982		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Campground				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Virginia L. Bassett		Vice President Name Sonja M. Murray		
Street Address 46 Johnson Rd		Street Address 47 Johnson Road		
City Foster	State RI	Zip 02825	City Foster	State RI
Secretary Name Pamela Murray		Treasurer Name Virginia L. Bassett		
Street Address 47 Johnson Road		Street Address 46 Johnson Rd		
City Foster	State RI	Zip 02825	City Foster	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Virginia L. Bassett		Director Name		
Street Address 46 Johnson Rd		Street Address		
City Foster	State RI	Zip 02825	City	State
Director Name Pamela Murray		Director Name		
Street Address 47 Johnson Road		Street Address		
City Foster	State RI	Zip 02825	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
100 COMM NO PAR VALUE			Number of Shares	Class/Series
			none	
				Par Value

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 correct.

Virginia L. Bassett 01/17/08
Signature Date

Print or Type Name
Virginia L Bassett - President
Title

FILED

File Date **JAN 22 2008**

Check No. **11403**

By **11403**

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