

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

Brief Description of the Character of Business Conducted in Rhode Island ALL PHASE OF REMOLDING NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR resident MR@NALD J, FARIAS Treet Address P,O, BOX 89 State BRADF ORD R.I. 02808 ecretary Name SAME AS ABOVE treet Address State Address Treet Address Treet Address NONE	Street Address P.O. City BRADFORD Treasurer Name Street Address City		^{Zip} 02808
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BRADF ORD R.I. 02808 Secretary Name SAME AS ABOVE Street Address State Zip State Zip State Zip State Zip State Zip NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name NONE	City BRADFORD Treasurer Name Street Address City	R.I.	02808
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State Zip S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FO Director Name NONE	City	State	
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FO		State	
	: OR ATTACHMENT) ☐ FILL IN		Zip
	Director Name NO		G ATTACHMENTS
Street Address	Street Address		
City State Zip	City	State	Zip
Director Name NONE	Director Name	NONE	
Street Address	Street Address		
City State Zip	City	State	ZΨ
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	-	("X" BOX FOR ATTAC. TION MUST BE COMPLETED	
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- Control			oon in on
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