

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 proceeding by

| 1. Corporate ID No. 144602 | 2. Name of Corporation MARCELLO CHRISTOPHER, INC. | | | | | |
|--|---|-------------------------------------|--|--|-------------------------------|--|
| 3 Street Address Principal Business Office 1669 MINERAL SPRING AVENUE | | | City NORTH PROVIDENC | State E RI | <i>Ζip</i> 02904 | |
| 4. Business Phone No. 401-353-3577 | | 5. State of Incorpore RHODE ISLA | | | | |
| 6. Brief Description of the Character TO OPERATE A DRY CLE | of Business Conduc ANING BUSIN | ted in Rhode Island ESS | | | | |
| 7. NAMES AND ADDRESSES | OF THE OFFI | CERS: ("X" BOX FOR | ATTACHMENT) FILL IN SPA | CES BEFORE USING | ATTACHMENTS | |
| THOMAS VILLELLA | | | rice Frestaem Name | | | |
| Street Address 22 BROOKFARM RD. | . 24 | | Street Address | | | |
| City NORTH PROVIDENCE | State RI | ^{Zip} 02904 | City | State | ZIp | |
| ACTERIARY Name | | | Treasurer Name | | | |
| Street Address | | | Street Address | | | |
| | | | | | | |
| City | State | Zip | Ciţi | State | Zip | |
| 3. NAMES AND ADDRESSES | OF THE DIRE | CTORS: ("X" BOX FOR | R ATTACHMENT) T FILL IN SP | ACES BEFORE USIN | G ATTACHMENTS | |
| THOMAS VILLELLA | | | Director Vame | тиеслу хаще | | |
| Street Address 22 BROOKFARM RD. | | | Street Address | Street Address | | |
| CYty | State | Zip | City | Stette | Zip | |
| NORTH PROVIDENCE Director Name | JRI | 02904 | Director Name | | | |
| | | | | | | |
| incet Address | | | Street Address | Street Address | | |
| Oiry . | State | Zip | Ciņ | State | Zip | |
|), SHARES AUTHORIZED (| "X" BOX FOR A | ATTACHMENT) | 10. SHARES ISSUED ("2 | A CONTRACTOR OF THE PROPERTY O | IMENT) | |
| AUTHORIZED SHARES Number of Shares Class/Series Par Value | | | ISSUED SHARES THUS SECTIO Number of Shares | N MUST BE COMPLETED Class/Series | Par Value | |
| 600 COMMON NO PAR VALUE | | | 300 | COMMON | 0.00 | |
| | | | | | | |
| This report must be executed | on behalf of the | corporation by an auth | orized representative. If the corpo | ration is in the hands | of a receiver or trustee | |
| his report must be executed | | | | | | |
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| FILED | | | including any accompa contained flertin are tru | | tements, and that all stateme | |
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| JAN 25 2008 | | | Standure + HOMAS | Villeur | Date | |
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