



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 4763		2. Name of Corporation CONTINENTAL COIN LTD.			
3. Street Address Principal Business Office 1212 PARK AVE			City CRANSTON	State R.I.	Zip 02910
4. Business Phone No. 401-942-8431		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEBRA R. ASSANTE			Vice President Name MARIO A. ASSANTE		
Street Address 9 LEGION MEMORIAL DR.			Street Address 9 LEGION MEMORIAL DR.		
City PROVIDENCE	State R.I.	Zip 02909	City PROVIDENCE	State R.I.	Zip 02909
Secretary Name VERA M. IACAMPO			Treasurer Name DEBRA R. ASSANTE		
Street Address 44 IARTAGLIA ST.			Street Address 9 LEGION MEMORIAL DR.		
City JOHNSTON	State R.I.	Zip 02919	City PROVIDENCE	State R.I.	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DEBRA R. ASSANTE			Director Name		
Street Address 9 LEGION MEMORIAL DR.			Street Address		
City PROVIDENCE	State R.I.	Zip 02909	City	State	Zip
Director Name VERA M. IACAMPO			Director Name		
Street Address 44 IARTAGLIA ST.			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000 COMM, NO PAR VALUE - NO PAR			3600	NO PAR	

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.

File Date **FILED**

Check No. **JAN 28 2008**

By: **DS 11128**

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.

Debra R. Assante 1-24-2008
Signature Date

DEBRA R. ASSANTE
Print or Type Name

PRESIDENT
Title