



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 <b>4763</b>		2. Name of Corporation <b>CONTINENTAL COIN LTD.</b>			
3. Street Address Principal Business Office <b>1212 PARK AVE</b>			City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>
4. Business Phone No. <b>401-942-8431</b>		5. State of Incorporation <b>R.I.</b>			
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 <b>DEBRA R. ASSANTE</b>			Vice President Name <b>MARIO A. ASSANTE</b>		
Street Address <b>9 LEGION MEMORIAL DR.</b>			Street Address <b>9 LEGION MEMORIAL DR.</b>		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02909</b>
Secretary Name <b>VERA M. IACAMPO</b>			Treasurer Name <b>DEBRA R. ASSANTE</b>		
Street Address <b>44 IARTAGLIA ST.</b>			Street Address <b>9 LEGION MEMORIAL DR.</b>		
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02909</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>DEBRA R. ASSANTE</b>			Director Name		
Street Address <b>9 LEGION MEMORIAL DR.</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02909</b>	City	State	Zip
Director Name <b>VERA M. IACAMPO</b>			Director Name		
Street Address <b>44 IARTAGLIA ST.</b>			Street Address		
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	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
<b>4000 COMM, NO PAR VALUE - NO PAR</b>			<b>3600</b>	<b>NO PAR</b>	

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