

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(cod.)) is subject to a benalty fee of \$25.00.

* In accordance with R.L. law (R.L.G.L. 7-1.2-1501(co			fusing to file its annual report	witbin tbirty (30) days a	fter the time prescribed by	
1. Corporate ID No. <b>70779</b>		2. Name of Corporation Shelving Concepts, Inc.				
3. Street Address Principal Business Office 64 Prospect St.			City Barrington	State RI	Zip 02806	
4. Business Phone No. 401-24-2033		5. State of Incorporate Rhode Island	5. State of Incorporation Rhode Island			
6. Brief Description of the Cha Shelving installers	tracter of Business Conduct	ed in Rbode Island				
	ESSES OF THE OFFI	CERS: ("X" BOX FOR A	ATTACHMENT) [ FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name Michael Taft			Vice President Name	Vice President Name  Lawrence Taft		
Street Address			: Street Address			
64 Prospect St.			64 Prospect St.			
City	State	Zip	City	State	Zip	
Barrington	RI	02806	Barrington	RI	02806	
Secretary Name Florence Taft			Treasurer Name Florence Taft			
Street Address			Street Address			
64 Prospect St.			64 Prospect St.			
City Barrington	State RI	<sup>Ζφ</sup> 02806	City	State	Zip 00000	
=	j		Barrington	RI N SPACES BEEODE HEL	02806	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name			ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Ztp	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR A	ATTACHMENT)		("X" BOX FOR ATTAC CTION MUST BE COMPLETE		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
100	STK		100		٥	
			orized representative. If the	corporation is in the han	ds of a receiver or trustee,	
unis report must be exec	uted on behalf of the	corporation by the recei	ver or trustee.			
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			Under penalty of a	periury I declare and affirm	that I have examined this rep	
		·	including any acc	ompanying schedules and s	tatements, and that all stateme	
FILE	'n			re-true and correct.	7.7	
File Date			Thouse	LINE	1/2/08	
Check No. JAN 30	2008		Signature	10	Date	
_ /1/	61 m		Florence		·	
ву: Ву <u> </u>	JI JIM		Print or Type Name	22		
FOR SECRETARY OF STATE USE ONLY			Jeoreth.	1 Tab I repson	-6.24	
			Title			