



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. 14264		2. Name of Corporation VAROR CORPORATION			
3. Street Address Principal Business Office 77 Oakwoods Drive			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-792-3252		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in building rentals					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Irene K. Smith			Vice President Name Scott W. Smith		
Street Address 77 Oakwoods Drive			Street Address 354 Allens Avenue		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Diane S. Kroll			Treasurer Name Jill K. McGuire		
Street Address 8B North Castle Way			Street Address 101 Winchester Drive		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
Director Name None			Director Name None		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
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
600 COMMON NO PAR VALUE			400	COMMON	NO PAR VALUE

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.

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.

Diane S. Kroll 1-20-08
Signature Date
Diane S. Kroll
Print or Type Name
Secretary
Title

FILED	
File Date	'JAN 31 2008
Check No.	By DS 6045
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