

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

Form 630 12/05

## PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January		•				
* In accordance with R.I.G.L. 7-1.2-15  1. Corporate ID No.	01(e), each corporation failir 2. Name of Cor		t within thirty (30) days after the time prescrit	bed by law (R.I.G.L. 7-1.2-1501(c&d)) :	is subject to a penalty fee of \$25.00.	
87568		Lombardi & Associa	tes, Inc.			
3. Street Address Principal B	usiness Office	— « — «ченталент» «« " потода «Ввероном» « " " от « пр. « « у от у от	City	State	Zip	
2980 WEST SHORE		•	WARWICK	RI	. 02886	
4. Business Phone No.	A White Property of the San San	5. State of Incorpo	ration	to a special photos and the same granting process and a constant		
4017388983		RHODE ISLA	AND			
6. Brief Description of the Ci			PURPOSE OF BOOKKEEPIN	NG .	representation from the service of t	
7. NAMES AND ADDR	ESSES OF THE O	FFICERS ("X" BOX FO)	RATTACHMENT)  FILL IN S  Vice President Name	PACES BEFORE USING A	TTACHMENTS	
Vincent P. Lombardi, Sr.			NONE	NONE		
Street Address		**************************************	Street Address		Milliana.	
136 Nausauket Ro	oad					
City	State	Zip	City	State	Zip	
Warwick	RI	02886	*			
Secretary Name			Treasurer Name	* * * * * * * * * * * * * * * * * * * *	* · · · / ; · · - · · · · · · ·	
Benjamin G. Lombardi			.Vincent P. Lom	Vincent P. Lombardi, Sr.		
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same			same			
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8. NAMES AND ADDRI Director Name	esses of the d	IRECTORS ("X" BOX F	OR ATTACHMENT)   FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS	
Vinent P. Lombar	di, Sr.		an .			
Street Address			Street Address	- th	districts a transferring a summary of state with a processing	
Same			*			
City	State	Zip	City	State	Zip	
Director Name	<u>.</u> 	* * * * * * * * * * * * * * * * * * * *		* - e v		
Director Nume			Director Name			
Street Address			Street Address			
City	State	Zip	«City	State	Zip	
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			IO. SHARES ISSUED ("X" BOX FOR ATTACHMENT).  ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be executed on hehalf	of the corporation by an auth	norized representative. If the corporat	ion is in the hands of a receiver or trustee, the	is report must be executed on behalf of	the corporation by the receiver or trust	
	A					
8 7 5 6 8			Under penalty of perjury, I declare and affirm that I have examined			
	<del></del>			ng any accompanying sched		
*87568 DBC 02/02/0	7 11:55:07 AM*		and that all stateme	nts contained herein are tru	ue and correct.	
File Date FILE	)		01. +1	01-1-1-		
			<u>Uncent 1</u> Signature	Vincent P. Lonbard Sr. Signature Date		
Check No. FEB 1 2008			Vincent P. Lombardi, Sr.			
1-16-			Print or Type Name			
B <u>y:</u> <b>By</b>	100	<u> </u>	President			

Title