

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

1. Corporate ID No. <b>276490</b>		2. Name of Corporation DINO ENTERPRISES, INC.				
3. Street Address Principal Business Office POBOX 20086			CRANSTON	State RI	02920	
4. Business Phone No. 5. State of Incorporation 447-6227 RHODE ISLAN						
REAL ESTATE IN						
and the second s	RESSES OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name DIONISIO CEPEDA			DIONISIO CEPEDA			
Street Address P O BOX 20086			Street Address P O BOX 20086			
CRANSTON	State RI	<i>Ζψ</i> <b>02920</b>	CRANSTON	State RI	<sup>Zip</sup> 02920	
Secretary Name DIONISIO CEPEDA			Treasurer Name DIONISIO CEPEDA			
Street Address P O BOX 20086			Street Address POBOX 20086			
CRANSTON	State RI	<sup>Zip</sup> 02920	City CRANSTON	State RI	<i>Zip</i> 02920	
8. NAMES AND ADI Director Name	PRESSES OF THE DIRECT	TORS: ("X" BOX FOR	ATTACHMENT) TILL IN Director Name	SPACES BEFORE USING	GATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Ζφ	
	State	Zip	City  Director Name	State	Z\$p	
City	State	Zip		State	(2)	
City  Director Name	State State	Zip Zip	Director Name	State State	Z\$p	
City  Director Name  Street Address  City		Zip	Director Name  Street Address  City  10. SHARES ISSUED		Zip	
City  Director Name  Street Address  City  9. SHARES AUTHOR	State	Zip	Director Name  Street Address  City  10. SHARES ISSUED	State ("X" BOX FOR ATTACE	Zip	
City  Director Name  Street Address  City  9. SHARES AUTHOL  AUTHORIZED SHARES	State RIZED ("X" BOX FOR A	Zip TTACHMENT) []	Director Name  Street Address  City:  10. SHARES ISSUED ISSUED SHARES — THIS SE	State  ("X" BOX FOR ATTACH  CTION MUST BE COMPLETED	Zip  IMENT)	

(IRES) PORTION IN THE STATE OF	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained heretii are true and correct.
Check No. FEB 1 2008	Signature Date Date
By 13303	Print or Type Name PRES
FOR SECRETARY OF STATE USE ONLY	Title