

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)) i | s subject to a penal | y fee of \$25.00. | | | | |
|---|-------------------------------------|--------------------------|--|--|--------------------------|--|
| 1. Corporate ID No. | 2. Name of Corporat | | | | | |
| 127298 | CHOISE | OUSECA CLUSK | SULTION CORP |) | | |
| 3. Street Address Principal Business (| Office | | Ciţι | State | Zip | |
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| | | , , , | 5. State of Incorporation | | | |
| 401 · 301 · 4461 6. Brief Description of the Character of Business Conducted in Ri | | 12 Hox | 12 HUDE ISLAND | | | |
| b. Brief Description of the Character | of Business Conducted | in Rhode Island | | | | |
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| 7. NAMES AND ADDRESSES | OF THE OFFICE | RS: ("X" BOX FOR ATT | TACHMENT) TILL IN SE | PACES BEFORE USING AT | TACHMENTS | |
| President Name | | | Vice President Name | | | |
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| Director Name | 1 | | Director Name | | | |
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| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
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| his report must be executed | on behalf of the c | orporation by an authori | zed representative. If the co | rporation is in the hands of | f a receiver or trustee. | |
| his report must be executed | | | | • | , | |
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| | | | | rpury, r decrate and attrim mat npanying schedules and staten | | |
| | *********************************** | | contained herein ax | | was side the many life. | |
| File Date FILED | | | 8) | | 1-27-06 | |
| 1.5 | | - | Signature | | Date Date | |
| Check No. FEB 1 2008 | | | ** | | Dar | |
| 3 7 | | - | Print or Type Name | | | |
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| FOR SECRETARY OF STA | ATE USE ONLY | • | Title | | | |
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