

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	
4 FUN 10E1	CT.		BOISTUL	SI	02609	
		, , ,	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				
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			
CHELS FOUS	ECA		•			
Street Address			Street Address			
4 JUNIOER OHY BREESTYL	CT.					
Oth: BQ: &TVL	State	^{Zip} 0みものら	City	State	Zip	
	164	00001				
ecretary Name			Treasurer Name			
Street Address			Contille	Street Address		
			SIVA Addiess			
· Va	T-reason.	Len	<u> </u>		1	
Üle	State	Zip	City:	State	Ζίφ	
B. NAMES AND ADDRESSES	OF THE DIRECTS	ORS. ("Y" ROV EOP A	: TTACHMENT) [] end in	SDACES DEEDDE HEIMO	 	
) irector Name	OF THE DIRECT	URS: (A DUA FUR A.	Director Name	SPACES BEFORE USING A	MIACHMENIS	
			Director Adme			
CHOLS FOUSECA			Street Address			
			orrest return 10			
<u>4 ovnier. –</u>	State	Zifr		State	Zip	
BRISTYL	RI	ି ଉଧ୍ଚତ୍ର		771441	in the second	
Director Name	1		Director Name			
Street Address			Street Address			
Tuy-	State	Ζip	City	State	Zip	
			:			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Valne	Number of Shares	Class/Series	Par Value	
1.44			10			
100 4	t 100 AZUI		10	ZOMM GN	100.00	
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				•	,	
			Under senalty of se	riury, I declare and affirm that	Thougayamina 4 4:	
				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			
By: By Sy	2	_				
•			PREST	PENT		
FOR SECRETARY OF STA	ATE USE ONLY	•	Title			
		_			Form 630 Rev. 12/06	