

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

401.222.3040

* In accordance with R.I.G.L. 7-law (R.I.G.L. 7-1.2-1501(c&d))	·1.2·1501(e), each corp is subject to a penalty f	oration failing or refusin ee of \$25.00.	g to file its amual report withi	n thirty (30) days after in	e time prescribed by
1. Corporate ID No.	2. Name of Corporation		•	1.	
6850	FARRIER	INTERNATION	SAL COERATTONS	Ltd	
3. Street Address Principal Business		e italia estas	City,	State	Zip
11 Sosceow	. :		W WARWICK	KI	02893
1. Business I hone No.		5. State of Incorporation.			
401-586-	6555	1 Xh	ode Island		
401-586 - 6. Brief Description of the Character	of Business Conducted in I	Rhode Island			
1 0					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
Preside <u>nt N</u> ame			Vice President Name		· į
	Lagre	,	(2	101 F. FOR	21ER1
KOBERT R. FOROIFR			Street Address		
Street Address	w Creck	E	OFF CES FLOOR EAST	11 Sparkon	CIRCLE
City	Siare	Zip	City	State	Zip
WINDAMINER		07893	WALLINGE	$+$ $\angle Z$	0>893
Secretary Name	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	.d	Treasurer Name		
Robert REORGIER			Robert Rfuerice		
Street Address	1 ~		Sireet Address	` ^	
11-80010	and Clar	10	11 Spand	ow (GAR)	ا ي
City	State	Zip	City	State	Zip
al William	A-T	12843	a warwid		02873
8. NAMES AND ADDRESSES	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	ACES BEFORE USING A	ITACHMENTS
Director Name	Care William and and an arrangement of	,	: Director Name		
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W. WARWKK		.]	WALLO!	1	
Director Name			Director Name		
Street Address			Street Address		
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City	State	Ζip	Cuy	Sittle	1,142
]		do divento recipio ("	" POV FOR ATTACHM	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
AUTHORIZED SHARES					T
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Per Value
//	-/.	1/. 1	10.00	Comm	No PAR VALUE
1000 (omn	NO PAL	VAIVE	1000	Commi	NO PASS VAINE
			16.5		
This report must be execute	d on behalf of the cor	poration by an authorize	ed representative. If the corpo	oration is in the hands of	a receiver or trustee,
this report must be executed	on behalf of the corp	poration by the receiver	or trustee.		
Compression and the Compre		•			
			Under penalty of perju	ry, I declare and affirm that	I have examined this report
		कृत	including any accompa	anying schedules and statem	ents, and that all statements
200 2 200 000			contained herein are tr	ue and correct.	1 30-/-
File Date FILED	9 (25) - (25)	. i . 4	(solver / de l' 200		
			Signature		Date
Check No. FEB 1 2008	· · · · · · · · · · · · · · · · · · ·		PALMA	P Fana.	-01
7 (000			Drive on The Maria	N. 1012614	<u>,~</u>
By: By 247	15		Print or Type Name		
— y	THE HOE CHANG		TRASID.	eN/	
FOR SECRETARY OF S	TATE USE ONLY		Title		P /20 D 12107
					Form 630 Rev. 12/06