



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>6850</u>		2. Name of Corporation <u>FORCIER INTERNATIONAL OPERATIONS, Ltd</u>		
3. Street Address Principal Business Office <u>11 Sparrow Circle</u>			City <u>W. WARWICK</u>	State <u>RI</u>
			Zip <u>02893</u>	
4. Business Phone No. <u>401-586-6555</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Robert R. Forcier</u>			Vice President Name <u>Carol F. Forcier</u>	
Street Address <u>11 Sparrow Circle</u>			Street Address <u>11 Sparrow Circle</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W. WARWICK</u>	Zip <u>02893</u>
Secretary Name <u>Robert R. Forcier</u>			Treasurer Name <u>Robert R. Forcier</u>	
Street Address <u>11 Sparrow Circle</u>			Street Address <u>11 Sparrow Circle</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W. WARWICK</u>	Zip <u>02893</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>Robert R. Forcier</u>			Director Name <u>Carol F. Forcier</u>	
Street Address <u>11 Sparrow Circle</u>			Street Address <u>11 Sparrow Circle</u>	
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W. WARWICK</u>	Zip <u>02893</u>
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
1000 Comm No Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class/Series
			1000	Comm
				No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Robert R. Forcier Date 1-22-08
Print or Type Name Robert R. Forcier
Title PRESIDENT

File Date **FILED**
Check No. FEB 1 2008
By: 29715
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