

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)						
1. Corporate ID No. 4144	*					
3. Street Address Principat Business Office 2339 Post Road			<i>Сиу</i> Warwick	State RI	<sup>Zip</sup> 02886	
4. Business Phone No.         5. State of Incorpor           401 737-9537         Rhode Island						
6. Brief Description of the Charac maintain and operate a l		cted in Rhode Island				
7. NAMES AND ADDRESS President Name	SES OF THE OFF	CERS: ("X" BOX FOR	ATTACHMENT) [ FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
David C. Williams			Devid C. Williams			
Street Address 388 Poterr Road			Street Address 388 Potter Road			
Chy North Kingstown	State RI	<i>2ф</i> 02852	<i>շւր</i> North Kingstown	State RI	<sup>Zip</sup> 02852	
Secretary Name David C. Williams			Treasurer Name David C. Williams			
Street Address same as above			Street Address same as above			
Сиу	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name  None			ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zψ	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	CX BOX FOR	ATTACHMENT)	A CONTRACTOR OF THE PROPERTY O	   <i>("X" BOX FOR ATTAC</i>   CTION <u>MUST</u> BE COMPLETED	The second of th	
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value	
800 common no par value			100	common	no par	
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
This report must be execut this report must be execute			thorized representative. If the eleiver or trustee.	corporation is in the hand	ls of a receiver or trustee,	

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Check No	FEB 0 6 2008	
Bv:	By DS-38 102	カ
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affinincluding any accompanying schedules and	•
contained herein are true and correct.	1(3/08)
Signature	Date.
David C. Williams	
Print or Type Name	
President	
Title	
•	Form 630 Rev. 12/06