



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. 886		2. Name of Corporation American Foam Corporation			
3. Street Address Principal Business Office 61 John Street			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-944-4990		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island manufacturing and selling goods made of foam rubber and plastic					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Julius C. Martin			Vice President Name None		
Street Address 6 Model Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Everett A. Marabian, Sr.			Treasurer Name Julius C. Martin		
Street Address 20 Bentley Road			Street Address As Above		
City Warwick	State RI	Zip 02888	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Everett A. Marabian, Sr.			Director Name Paul Plourde, Esquire		
Street Address As Above			Street Address 23 Tanglewood Drive		
City	State	Zip	City East Providence	State RI	Zip 02915
Director Name Julius C. Martin			Director Name None		
Street Address As Above			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 Comm No par value			600	Common	No par

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.

FILED
File Date **FEB 11 2008**
Check No. **By 8591**
By:
FOR SECRETARY OF STATE USE ONLY

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 Julius C. Martin Date 2-7-08
Print or Type Name
Julius C. Martin

President
Title