

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 fe	e of \$25.00.	•		•
Corporate ID No. 2. Name of Corporation Meridian Holdings, Inc.					
3. Street Address Principal Business Office One Richmond Square, Suite 117C			Providence	State RI	<i>2ф</i> 02906
I		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Real estate development, management, sales and investment					
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Alexander Mitchell			None		
Street Address One Richmond Square, Suite 117C			Street Address		
Cuy Providence	State RI	<i>^{Zip}</i> 02906	City.	State	Ζip
Secretary Name Alexander Mitchell			Treasurer Name Roderick Mitchell		
Street Address One Richmond Square, Suite 117C			Street Address		
City	State	Zip	One Richmond Square, Suite 117C		
Providence	RI	02906	Providence	RI	0 2 906
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATTA	ACHMENT) [FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Сиу	State	<i>Zi</i> p	Gry	State	Zij)
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series .	Par Value	Number of Shares	Class/Series	Par Value
20,000 common no par value			4,000	common	no par
				1	
This report must be executed of this report must be executed of				tion is in the hands of a	receiver or trustee,

File Date	FILEN-	·
Check No	Prome X	
	FEB 14 2008	
By:	10/12	 :
FOR SEC	RETARY OF STATE USE ON	LY

	leclare and affirm that I have examined this report, g schedules and statements, and that all statements d correct.
AllAlu Signature	// /-24.17 Date
Mexa-de Print or Type Name	Mi teho!
Title Presiden	Form 630 Rev. 12/06