

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

2008

401.222.3040

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 fee of \$25.00.

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1. Corporate ID No. 106833		2. Name of Corporation THE GALDONIK GROUP, INC.					
3. Street Address Principal Business Office P.O. BOX 528			City EAST GREENWICH	State RI	Zip 02818		
4. Business Phone No. 4018854058 FAX: 4018854209		1	5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Charact TO CREATE, MARKET			TIONAL, & MOTIVATIONAL CO	MMUNICATION & TRAIL	NING PROGRAMS		
			ATTACHMENT) FILL IN SPACE Vice President Name				
Ruth C. Galdonik							
Street Address P.O. Box 528			Street Address	Street Address			
City East Greenwich	State RI	^{Zip} 02818	City	State	Zip		
Secretary Name Ruth C. Galdonik			Treasurer Name Ruth C. Galdonik	i .			
Street Address P.O. Box 528			Street Address P.O. Box 528	• 1 12 12 17 17 1			
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich	State RI	^{Zip} 02818		
8. NAMES AND ADDRESS Director Name	es of the dire	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	ACES BEFORE USING A	TACHMENTS		
Street Address			Street Address				
City	State	Zip	Сиу	State	Zip		
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	Cuy	State	Zip		
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED ("X	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) (7)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 COMMON NO PAR VALUE			800	Class A Common	No Par		
			7,200	Class B Common	No Par		
This report must be execut	ed on behalf of th	e corporation by an auth	orized representative. If the corpo	ration is in the hands of	a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

Title

File Date	FILE		
Check No.	FR 192	na .	
Ву. В	M	= 1U?	
FÖR	SECRETARY OF S	TATE USE ON	LY _s

including any accompanying schedu	nd affirm that I have examined this report, les and statements, and that all statements
contained herein are true and correct	lih 2/13/08
Signature	Date
Ruth C. Galdonik	
Print or Type Name	
President	