

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.I. 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&					
1. Corporate ID No. 47906	2. Name of Corporal A.V. TECH, II	ion NC.			
3. Street Address Principal Business Office 99 EAST MAIN ROAD			MIDDLETOWN	State RI	^{Zip} 02842
4. Business Phone No. 5. State of Incorporate RHODE ISLAI					
6. Brief Description of the Char OWNING AND OPER	ATING AN AUDIO VIS	SUAL STORE			
	SSES OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) [FILL IN SI	PACES BEFORE USING A	ATTACHMENTS
President Name GARY GAGNE			Vice President Name GARY GAGNE		
Street Address 99 EAST MAIN ROAD			Street Address 99 EAST MAIN ROAD		
City MIDDLETOWN	State RI	^{Ζφ} 02842	MIDDLETOWN	State RI	02842
Secretary Name GARY GAGNE			Treasurer Name GARY GAGNE		
Street Address 99 EAST MAIN ROAD			Street Address 99 EAST MAIN ROAD		
City MIDDLETOWN	State RI	^{Zip} 02842	City MIDDLETOWN	State RI	^{Zip} 02842
8. NAMES AND ADDRE	SSES OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name N/A		
N/A			N/A Street Address		
Street Address			Street Adultess		
City	State	Ztp	City	State	Zip
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1200	COMMON	NO PAR	200	COMMON	NO PAR
This report must be exe this report must be exec	cuted on behalf of the c	corporation by an auth	orized representative. If the co	orporation is in the hands	of a receiver or trustee,
ans report must be exce	suica on benan or the c	dipolation by the leve	TVOI OX VILLECOO		
			Under penalty of ne	riury I declare and affirm t	hat I have examined this repo
			including any acqui	inpanying schedules and star	tements, and that all statemen
File Date FILE)		contained hereig	e true and correct	2-17-08
	000		Signature	107	Date
Check No. FEB 202	Wild Control	_	Gary Gagne Print or Type Name)	
By: By	<u>000 1</u>	-	President		
FOR SECRETARY	OF STATE USE ONLY		Title		Form 630 Rev. 12/06
					FOITH OOU KEV. 12/UO