

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 the refusion (RIGL 7-1.2-1501(c.S.d.)) is subject to a powerly fee of \$25.00

Corporate 1D No. 000147985	2. Name of Corpora USG Service	s Corporation			
Street Address Principal Busi 1005 Main Street			Gtty Pawtucket	State RI	^{Zip} 02860
Business Phone No. 5. State of Incorpora Rhode Island					
. Brief Description of the Char Real Estate Developm	Maintonanca and	i Management Servit	es	DACUS BEFORE USING	ATTACHMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Lance Jay Robbins			ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS Vice President Name N/A		
P.O. Box 2109			Street Address		
Hollywood	State CA	^{Zip} 90078	City	State	Zip
Secretory Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	20
s, NAMES AND ADDRE Director Name Lance Jay Robbins	SSES OF THE DIREC	10R5: (** BOX FO	R ATTACHMENT) FILL IN Director Name N/A	SPACES BEFORE USIN	III ACTACHMENTS
Street Address			Street Address		
P.O. Box 2109	State CA	21p 90078	City	State	Zip
Hollywood Director Name N/A	100		Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX POR	TTACHMENT)	10. SHARES ISSUED ISSUED SHARES — THIS SE	("X" BOX FOR ATTAC CTION MUST BE COMPLETE	D
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	STK	\$1.00			
10000				医电报体测量 翻碎不动用 無常	

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date Checknox	300	Signature Mary Pat Cooney Contained herein are true and correct. Signature Mary Pat Cooney
FOR SECRETARY OF STATE-USE ONLY.	74907	Print or Type Name Office Manager Title Form 630 Rev. 12/06