

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(e), ed)) is subject to a tienalty fee of \$25.00.

law (R.I.G.L 7-1.2-1501(c8	5d)) is subject to a pena		ing to fue us unnut report	water torrey (30) ways up.	er the time prescribed by
1. Corporgie ID No. 13340	2. Name of Corpora	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	off Shop, Inc		
3. Street Address Principal Bu 33 PVPAW	giness Office We wood ha	ve y	City Wate Field	State VZI	^{z10} 02879
4. Business Phone No. 5. State of Incorporation Phix			de Island		
Brief Description of the Cha	tracter of Business Conducted	in Rhode Island			
ASSESSMENT CONTRACTOR OF THE C	SSES OF THE OFFICE	RS: ("X" BOX FOR ATT	<i>açhment)</i> □ fillin	SPACES BEFORE USING	ATTACHMENTS
President Name Edward T. KIRby			Vice President Name SUSAN D. KIRBY		
street Address 33 Bozambleward Lane			street Address 33 Bramblewood Lane		
" watefield	State VZI	^{zip} 0'2879	Wakefreld	State NJ	^{zip} 02879
Secretary Name Carol M. Brown			Treasurer Name WILLIAM F. KIRBY		
Street Address 32 Daveling St			street Address 47 East Manuing St		
Warwich	State VST	Zip 02886	City PROV	siate VII	Zup DZ906
NAMES AND ADDRE	SSES OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT) T FILL II Director Name	n spaces before usin	G ATTACHMENTS
Street Address			Street Address		
ty	State	Zip	City	State	Zφ
irector Name		***************************************	Director Name	•	
treet Address			Street Address		
ty	State	Zip	City	State	Zip
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his report must be exe	cuted on behalf of the	corporation by an authori	zed representative. If the o	corporation is in the hand	s of a receiver or trustee,
is report must be exec	cuted on behalf of the c	orporation by the receive	r or trustee.		
					- W
			Under penalty of p	perjury, I declare and affirm t	that I have examined this rep
				ompanying schedules and sta are true and correct.	
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FEB 20	2008		Signatura SUS().	n D Kirk	Date Of 1
By \}	-815		Print or Type Name		
			Vill	. presiden	
FOR SECRETARY	OF STATE USE ONLY		Title		Form 630 Rev. 12/06