

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

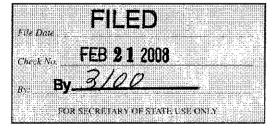
2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 165191	2. Name of Corpore SAY D, INC	ntion			· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business Office 400 GEORGE WASHINGTON HIGHWAY			SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 5. State of Incorpor 401-231-9099 RHODE ISL)		ation		1 02011	
6. Brief Description of the ANY LAWFUL BI	ee Character of Business Conducted USINESS	in Rhode Island			
7 NAMES AND AL	DRESSES OF THE OFFICE	RS: ("X" BOX FOR	ATTAGHMENT) THE IN	SPACES BEFORE USING	ATTACHMENTS
ALFRED A. COSTANTINO			ALFRED A. COSTANTINO		
Street Address 400 GEORGE WASHINGTON HIGHWAY			Street Address 400 GEORGE WASHINGTON HIGHWAY		
ாழ SMITHFIELD	State RI	<i>Ztp</i> 02 917	City SMITHFIELD	State RI	<i>ир</i> 02917
Secretary Name ALFRED A. COSTANTINO			Treasurer Name ALFRED A. COSTANTINO		
Street Address 400 GEORGE WASHINGTON HIGHWAY			Street Address 400 GEORGE WASHINGTON HIGHWAY		
City SMITHFIELD	State RI	^{Zip} 02917	City SMITHFIELD	State RI	<i>7φ</i> 02917
8 NAMES AND AT Director Name NONE	DERESSES OF THE DIRECT	ORS (X' BOX EO	RATTACHMENT). [FILE 1) Director Name	n spaces before using	G ATTACUMENTS
Street Address			Street Address		
CRp	State	Ζψ	City	State	Zip
Director Name	***************************************	***************************************	Director Name	······································	
Street Address			Street Address		
City	State	Zψ	City:	State	Zip.
9. SHARES AUTHO AUTHORIZED SHARES	IRIZED ("X" BOX FOR AT	raciumno 🗆 💮	ansaahdagaaamarriikkii maanamii siiddiddihatii	 (*X** BOX FOR ATTACE CTION <u>MUST</u> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	COMMON	\$.01	100	COMMON	\$.01
	executed on behalf of the		norized representative. If the c	corporation is in the hands	of a receiver or trustee,

Title





Under penalty	y of perjury, I declare and affirm that I have a	examined this report,			
	accompanying schedules and statements, ar	nd that all statements			
contained her	ein aud true und corpect.	1 m			
M.	al wants ores.	1-13-08			
Signature /	Date				
ALFRÉD	A. COSTANTINO				
Print or Type i	Name				
DDESIDENT					