



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 141213		2. Name of Corporation GT DISTRIBUTION, INC.	
3. Street Address Principal Business Office 800 Central Street		City North Smithfield	State RI
4. Business Phone No. 4013312222		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name George Tzuridis		Vice President Name N/A	
Street Address 800 Central Street		Street Address	
City North Smithfield	State RI	Zip 02896	
Secretary Name Maria Tzuridis		Treasurer Name Triantafilos Tsouras	
Street Address Same		Street Address Same	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	
8,000	\$0.01 PAR VALUE		
Number of Shares	Class/Series	Par Value	
200	COMMON	\$0.01	

SECRETARY OF STATE
2008 FEB 27 11:20 AM
STATE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: FEB 27 2008

Check No. 405

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: George Tzuridis Date: 2/20/08

GEORGE TZURIDIS
Print or Type Name
PRESIDENT
Title