



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

A. Ralph Molits, 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. 137604		2. Name of Corporation CREATIVE MACHINE, INC.	
3. Street Address Principal Business Office 30 PINEHURST Rd.		City RIVERSIDE	State RI
		Zip 02915	
4. Business Phone No. 737-5195		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ALL AREAS OF MACHINERY METAL, MACHINES SHOP			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID SEEL III		Vice President Name DAVID SEEL	
Street Address 30 PINEHURST Rd		Street Address 106 GRASSY PLAIN Rd	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
Secretary Name ROBIN SEEL		Treasurer Name DAVID SEEL	
Street Address 30 PINEHURST Rd		Street Address 106 GRASSY PLAIN Rd	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID SEEL III		Director Name NONE	
Street Address 30 PINEHURST Rd		Street Address	
City RIVERSIDE	State RI	City	State
Zip 02915		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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	
800	NO PAR VALUE		

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.

File Date	<b>FILED</b>
Check No.	FEB 27 2008
By:	By 1075
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: David Seel  
Date: 2/26/08  
Print or Type Name: DAVID SEEL  
Title: Vice President