



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. 129915		2. Name of Corporation Storch Radon Services, Inc.	
3. Street Address Principal Business Office 1628-R GAR Highway		City Somerset	State MA
4. Business Phone No. 508 675-8511		5. State of Incorporation Massachusetts	
6. Brief Description of the Character of Business Conducted in Rhode Island Rendering radon gas inspections in dwellings, including but not limited to, radon detection, analysis			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Frederick J. Storch, Jr.		Vice President Name	
Street Address 50 Fuller Street		Street Address	
City Middleboro	State MA	Zip 02346	City Middleboro
Secretary Name Jodi Beth Storch		Treasurer Name Frederick J. Storch, Jr.	
Street Address 50 Fuller Street		Street Address 50 Fuller Street	
City Middleboro	State MA	Zip 02346	City Middleboro
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Frederick J. Storch, Jr.		Director Name Jodi Beth Storch	
Street Address 50 Fuller Street		Street Address 50 Fuller Street	
City Middleboro	State MA	Zip 02346	City Middleboro
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED
200,000	common no par value		1,000
			Common
			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.

FILED

File Date FEB 27 2008

Check No. 5761

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.

Jodi Beth Storch 2/25/08
Signature Date
Jodi Beth Storch
Print or Type Name
Secretary
Title