



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

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. 145800		2. Name of Corporation Rhode Island Photography Company			
3. Street Address Principal Business Office One Davol Square, Suite 202			City Providence		State RI
4. Business Phone No. 401-383-9899		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Professional Photography Business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mariah Turcotte n/k/a Mariah Ashley			Vice President Name Patricia Iannone		
Street Address 1 Davol Square, Suite 202			Street Address 1 Davol Square, Suite 202		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mariah Turcotte			Treasurer Name Patricia Iannone		
Street Address 1 Davol Square, Suite 202			Street Address 1 Davol Square, Suite 202		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mariah Turcotte n/k/a Mariah Ashley			Director Name Patricia Iannone		
Street Address 1 Davol Square, Suite 202			Street Address 1 Davol Square, Suite 202		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			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	Number of Shares	Class/Series	Par Value
1,000 no par value			500	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. _____

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 _____ Date _____

 Print or Type Name _____

 Title _____