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.	2. Name of Corporation		
145800	Rhode Island Photography Company		
3. Street Address Principal Business Office	City	State	Zip
One Davol Square, Suite 202	Providence	RI	02903
4. Business Phone No.	5. State of Incorporation		
401-383-9899	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Mariah Turcotte n/k/a Mariah Ashley			Patricia Iannone		
Street Address			Street Address		
1 Davol Square, Suite 202			1 Davol Square, Suite 202		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name			Treasurer Name		
Mariah Turcotte			Patricia Iannone		
Street Address			Street Address		
1 Davol Square, Suite 202			1 Davol Square, Suite 202		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Mariah Turcotte n/k/a Mariah Ashley			Patricia Iannone		
Street Address			Street Address		
1 Davol Square, Suite 202			1 Davol Square, Suite 202		
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

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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. 8466
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.

Mariah Ashley
Signature Date

Mariah Ashley
Print or Type Name

president
Title

Form 630 Rev. 12/06