



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

KMC

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. 127028	2. Name of Corporation TIERNEY TRADING INC		
3. Street Address Principal Business Office 412 BEACON ST #10	City BOSTON	State MA	Zip 02115
4. Business Phone No. 401-847-7487	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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name TOMYE TIERNEY	Vice President Name N/A
Street Address 412 BEACON ST #10	Street Address
City BOSTON	City
State MA	State
Zip 02115	Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name NONE	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name NONE	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	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2000 \$0.01 PAR VALUE	0

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: APR 11 2008 10:49

Check No.

By: *KMC*

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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: *Tomye Tierney* Date: 4/5/08

Print or Type Name: TOMYE TIERNEY

Title: PRESIDENT