



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

A. Rulph 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. 95952		2. Name of Corporation LARS IMPORTS I & C FASHIONS, INC.			
3. Street Address, Principal Business Office 448 GROTTO AVENUE			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island to own & operate a business for the import/export of household goods & clothing as well as the retail & wholesale marketing of merchandise					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CELESTE M. MEDINA			Vice President Name ISILDA A. LOURO		
Street Address 448 GROTTO AVENUE			Street Address 56 LEGION WAY		
City PAWTUCKET	State RI	Zip 02864	City CRANSTON	State RI	Zip 02910
Secretary Name CELESTE M. MEDINA			Treasurer Name ISILDA A. LOURO		
Street Address 448 GROTTO AVENUE			Street Address 56 LEGION WAY		
City PAWTUCKET	State RI	Zip 02864	City CRANSTON	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CELESTE M. MEDINA			Director Name ISILDA A. LOURO		
Street Address 448 GROTTO AVENUE			Street Address 56 LEGION WAY		
City PAWTUCKET	State RI	Zip 02864	City CRANSTON	State RI	Zip 02910
Director Name NONE			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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 COMM NO PAR VALUE			200	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 28 2008
Check No.:
By: DS 2935
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.

Celeste M. Medina 2/5/08
Signature Date

CELESTE M. MEDINA

Print or Type Name

PRESIDENT

Title