

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

* In accordance with R.I.G law (R.I.G.L. 7-1.2- <u>1501(c</u> G	d)) is subject to a per	nalty fee of \$25.00.					
1. Corporate ID No. 77006	2. Name of Corp SCOOP A	oration T THE FALLS, INC.		State Zip			
3. Street Address Principal Business Office 1420 BROAD STREET			City CENTRAL FALLS	State RI	02863		
4. Business Phone No. 5. State of Incorporate RHODE ISLA							
6. Brief Description of the Cha TO OPERATE A RET	AII DISTRIBUTION	LOF ICE CREAM, DESI	SERTS, FOOD.	APP DEEDDE HEINC	ATTACHMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Roland W. DeRoy  Sireet Address 1420 Broad Street			Vice President Name Tina DeRoy  Street Address 1420 Broad Street				
Secretary Name Tina DeRoy			Treasurer Name Tina DeRoy				
Street Address 1420 Broad Street			Street Address 1420 Broad Street				
City	State RI	<i>zip</i> 0 <b>2863</b>	City Central Falls	State RI	Zip 02863		
8. NAMES AND ADDRI Director Name Roland W. DeRoy	ESSES OF THE DIR	ECTORS: ("X" BOX FO	R ATTACHMENT) THE IN S  Director Name Tina DeRoy	SPACES BEFORE USIN	G ATTACHMENTS		
Street Address 1420 Broad Street			Street Address 1420 Broad Street				
City  Central Falls	State RI	<i>Ζψ</i> <b>02863</b>	City Central Falls	State RI	<b>編</b> 0 <b>22</b> 863 <sup>30</sup> ス <b>プ</b>		
Director Name Anthony Nobrega			J. Allan Soares				
Street Address 1420 Broad Street			Street Address 1420 Broad Street				
City Central Falls	State RI	Ζφ 02863	City Central Falls	State RI	Ø <b>28</b> 63 ⊆ ₹		
9. SHARES AUTHORIS AUTHORIZED SHARES	ZED ("X" BOX FOI	(ATTACHMENT) 🗌	10. SHARES ISSUED ( ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC TION MUST BE COMPLETED			
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This report must be ex	ecuted on behalf of	the corporation by an au	thorized representative. If the co	orporation is in the hand	ds of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

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nder penalty of perjury, I declare and affirm that I have examined this repor- cluding any accompanying schedules and statements, and that all statement	t,
ntained herein are true and correct	
Mens w De/th 2/19/08	
nature Date	
oland W. DeRoy	
int or Type Name	
resident	

Form 630 Rev. 12/06