



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. 160956		2. Name of Corporation Vitalo Gagnon Ltd.			
3. Street Address Principal Business Office 1 Richmond Square, Suite 140C			City Providence	State RI	Zip 02906
4. Business Phone No. 401-490-0884		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Accounting services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary E. Gagnon			Vice President Name Catherine Vitalo		
Street Address 344 Doyle Ave			Street Address 28 Sweet Pea Drive		
City Providence	State Rhode Island	Zip 02906	City Cranston	State Rhode Island	Zip 02921
Secretary Name Mary E. Gagnon			Treasurer Name Catherine Vitalo		
Street Address 344 Doyle Ave			Street Address 28 Sweet Pea Drive		
City Providence	State Rhode Island	Zip 02906	City Cranston	State Rhode Island	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mary E. Gagnon			Director Name Catherine Vitalo		
Street Address 344 Doyle Ave			Street Address 28 Sweet Pea Drive		
City Providence	State Rhode Island	Zip 02906	City Cranston	State Rhode Island	Zip 02921
Director Name			Director Name		
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 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
1000	Common	\$0.01 par value	100	Common	\$0.01
			THIS SECTION MUST BE COMPLETED		

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 29 2008</b>
By	<b>DS 1056</b>
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.

Mary E. Gagnon 2/11/08  
Signature Date  
Mary E. Gagnon  
Print or Type Name  
President  
Title