



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. 86418		2. Name of Corporation The Intersource Group, Ltd.			
3. Street Address Principal Business Office 940 Waterman Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-435-7900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The import, marketing, sourcing and sale of manufactured goods					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory L. Lucini			Vice President Name		
Street Address 940 Waterman Avenue			Street Address		
City E. Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Gregory L. Lucini			Treasurer Name Gregory L. Lucini		
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth R. Palumbo			Director Name Gregory L. Lucini		
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		200	Common	\$1.00

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: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 04 2008
By: 1023 VM

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: _____
Gregory L. Lucini
Print or Type Name
President
Title