



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. 57034		2. Name of Corporation PATRICIAN CORP.			
3. Street Address Principal Business Office 1070 Hope St.			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 421-5020		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH F. HELTMAN			Vice President Name LAURIE J. HELTMAN		
Street Address 3263 Beniva Rd. Unit 1013			Street Address Red Wing Trail		
City SARASOTA	State FL	Zip 34232	City Smithfield	State RI	Zip 02917
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENNETH F. HELTMAN			Director Name LAURIE J. HELTMAN		
Street Address 3263 Beniva Rd. Unit 1013			Street Address RED WING TRAIL		
City SARASOTA	State FL	Zip 34232	City Smithfield	State RI	Zip 02917
Director Name SAME AS ABOVE			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
5,000	Common	NO PAR VALUE	5,000	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: MAR 04 2008
By: 753 KM
Check No.:
By:
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: Laurie J. Helzman Date: 3/2/08
Print or Type Name: LAURIE J. HELTMAN
Title: V.P.