RI SOS Filing Number: 200809678800 Date: 03/06/2008 4:00 PM

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.	2. Name of Corporation
89082	Bookman, Inc.

3. Street Address Principal Business Office	City	State	Zip
P.O. Box 509	Newport	RI	02840

4. Business Phone No.	5. State of Incorporation
(401) 842-0134	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Receive by way of assignment or otherwise invest and distribute, assets.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Kathryn E. Spargo	P.O. Box 509	Newport	RI	02840

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Mark B. Bardorf	36 Washington Square	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
Kathryn E. Spargo	P.O. Box 509	Newport	RI	02840

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Kathryn E. Spargo	P.O. Box 509	Newport	RI	02840
Nancy Spargo Barber	80 Linden St.	Needham	MA	02492

Director Name	Street Address	City	State	Zip
Edward J. Spargo, Jr.	85 Rogers St.	N. Billerica	MA	01862

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			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	1000	Common	$1.00
			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.

[redacted] [redacted]

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.

Kathryn Spargo 3/4/08
Signature *Date*

Kathryn Spargo
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 06 2008
Check No.
By: DS
FOR SECRETARY OF STATE USE ONLY

21503-9-246628

Form 630 Rev. 12/06