

2. Name of Corporation

Vermont Holdings, Inc.

1. Corporate ID No.

161772

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(c6d)) is subject to a penalty fee of \$25.00.

3. Street Address Principal Business	Office		City	State	Zip	
18 Jenna Court			North Scituate	RI	02857	
4. Business Phone No. 401-943-4200		5. State of Incorporation	ale of Incorporation Rhode Island			
6. Brief Description of the Character	of Business Conducted	5				
Development	oj otavica continecca	m novae istoria				
7. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) FILL IN SPA : Vice President Name	CES BEFORE USING	G ATTACHMENTS	
Thomas L. Falcone					İ	
Street Address			Street Address			
18 Jenna Court						
North Scituate	State R1	^{Zip} 02857	City	Siate	Zip	
Secretary Name			Treasurer Name		İ	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES	 OF THE DIRECT(ORS: ("X" BOX FOR A	I <i>ttachment</i>) ∏ fill in sp	 ACES BEFORE USIT	NG ATTACHMENTS	
Director Name	e e u Britanes e u un fill d'un a		Director Name			
None			· · · · · · · · · · · · · · · · · · ·			
Street Address			Sireet Address		100 m	
City	State	Zip	City	State	Zip N	
]				- Andrews	
Director Name			Director Name			
Street Address			Sireel Address		2: (
City	State	Zip	City	State	Zip Cu	
9; SHARES AUTHORIZED ("X" BOX FOR ATT	ACHMENT)	10. SHARES ISSUED (**)	Colorado do como do o trata do laborado en estado Pilos	Control of the second control of the second	
AUTHORIZED SHARES Number of Shares Class/Series Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value			
			Number of Shares	· ····	Par Value	
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This report must be executed	on behalf of the co	orporation by an authori	ized representative. If the corpo	ration is in the hand	ls of a receiver or trustee,	
this report must be executed of						
					<u> </u>	
					that I have examined this report, atements, and that all statements	
√#1 1911 <u>. </u>			contained herein are tru		i _ i _	
File Date FILED				prendi	3/13/08	
			Signature	·	Date	
Check No. MAR 24 2008	Lili		Thomas L. Fa	alcone		
"By	MM	·	President			
FOR SECRETARY OF STA		1	President			