



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. 000135240		2. Name of Corporation PROVIDENCE DISCOUNT STORE, INC			
3. Street Address Principal Business Office 300 BARTON STREET #1			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017269246		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP, LEASING AND MANAGEMENT OF DISCOUNT STORES AND RETAIL OUTFITS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CASEY SCHNEIDER			Vice President Name CASEY SCHNEIDER		
Street Address 1214 HARTFORD AVENUE			Street Address 1214 HARTFORD AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name CASEY SCHNEIDER			Treasurer Name CASEY SCHNEIDER		
Street Address 1214 HARTFORD AVENUE			Street Address 1214 HARTFORD AVENUE		
City JOHNSTON	State RI	Zip 02919	City HOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CASEY SCHNEIDER			Director Name		
Street Address 1214 HARTFORD AVENUE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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
10000	NO PAR VALUE		100	NO PAR	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.

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: Pussay Schneider Date: 02.23-08
Print or Type Name: Pussay Schneider
Title: owner

File Date: **FILED**
Check No: **MAR 28 2008**
By: DS 2784
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