

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

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 falling 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(e&d)) is subject to a penalty fee of \$25.00.

law (R.I.G.L, 7-1,2-1501(c&d)) is	s subject to a penalty f		<b>3</b> • • <b>3</b> • • • • • • • • • • • • • • • • • • •		
1. Corporate ID No.	2. Name of Corporation Proreps, Inc.				
3. Street Address Principal Business Office 145 Main Street			City North Kingstown	State RI	<i>Zip</i> 02852
4. Business Phone No. 5. State of incorporation 401-294-4567 RI					
Brief Description of the Character of Consulting - Construction F	roject Management				
7. NAMES AND ADDRESSES  President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)  FILL IN SPACE Vice President Name	CES BEFORE USING	ATTACHMENTS
Theodore F. Green II			N/A		
Street Address 145 Main Street			Street Address		
City North Kingstown	State RI	<i>Ζψ</i> <b>02852</b>	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR:	 S:	: <i>'ACHMENT')</i>	ACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name N/A		
N/A Street Address			: N/A  Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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/Sertes	Par Value
2000			none	A	no par value
					[
This report must be executed this report must be executed of				oration is in the hand	s of a receiver or trustee,
Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statement contained herein are true and correct.					
File Date FILE	ED		Signature Date		
Check No. MAR 3 1	2008				
D. 10	2 Mint		Theodore F. Green II Print or Type Name		
Ву:ВУ	<del>2    V </del>		President		
FOR SECRETARY OF STA	TE USE ONLY		Title		F (20 F
					Form 630 Rev. 12/06