

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

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1. Corporate ID No. 134490	2. Name of Corporation ADAM PRODUCTIONS, INC				
3. Street Address Principal Business Office PO BOX 701			EAST GREENWICH	Slate RI	Zip 02818
4. Business Phone No. 5. State of Incorporation RHODE ISLAN					
6. Brief Description of the Character of	of Business Conducted in	Rhode Island	ADVER	MS129	
7. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR A	TTACHMENT) 🔲 FULL IN SPAC	ES BEFORE USING	ATTACHMENTS
President Name			Vice Fresident Name		
CHRISTINE VANACORE DERUGERIS			•		
Street Address 286 VARNUM DR			Street Address		
City EAST GREENWICH	State RI	<i>Ζψ</i> <b>02818</b>	Ciry	State	Zip
Secretary Name	. 4444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Treasurer Name		
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT)   FILL IN SPA	ACES BEFORE USING	G ATTACHMENTS
Director Name CHRISTINE VANACORE DERUGERIS			Director Name		
Street Address			Street Address	<del></del>	
286 VARNUM DR					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
Director Name			Director Name		
Street Address			Street Address		
Сйу	State	ZΨ	Сиу	State	Zip
9. SHARES AUTHORIZED (	l "X" BOX FOR ATT	 NCHMENT) [	10. SHARES ISSUED ("X issued shares — this section		IMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VALUE			500	COMMON	NO PAR
	<del></del> ,				
This report must be executed this report must be executed.		•	rized representative. If the corpo	ration is in the hands	of a receiver or trust

File Date	FILED		
Check No	AR <b>3 1</b> 200	)8	· · · · ·
By <b>By</b>	SECRETARY OF S	TATE USE ONLY	

6.
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.  (Muslime Vanious Description 129/08
ignature Date
CHRISTINE VANACORE DERUGERIS
Princor Type Name IEFXIDF T
Title