



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. 125930		2. Name of Corporation DBL Vending, Inc.			
3. Street Address Principal Business Office 62 OAK GROVE STREET			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. 401-884-2309		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT ANY AND ALL BUSINESS PERTAINING TO BULK VENDING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARVIN GORDON			Vice President Name DEBORA A. GORDON		
Street Address 62 OAK GROVE STREET			Street Address 62 OAK GROVE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name MARVIN GORDON			Treasurer Name DEBORA A. GORDON		
Street Address 62 OAK GROVE STREET			Street Address 62 OAK GROVE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARVIN GORDON			Director Name DEBORA A. GORDON		
Street Address 62 OAK GROVE STREET			Street Address 62 OAK GROVE STREET		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
100	COMMOM	NO PAR	NONE		

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.

FILED

File Date **APR 11 2008**
Check No. **By 10284 1033**
By: **FOR SECRETARY OF STATE USE ONLY**

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 **Marvin Gordon** Date **3-31-08**
MARVIN GORDON
Print or Type Name
PRESIDENT
Title