

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

1. Corporate ID No. 92308	2. Name of Corporation	2. Name of Corporation CORRENTE DESIGN GROUP COMPANY, INC.				
3. Street Address Principal Business Office 1130 TEN ROD ROAD, THE MEADOWS, SUITE B-206			City NORTH KINGSTOWN	State RI	Zip 02852	
( · · · ·		5. State of Incorporatio RHODE ISLAN				
5. Brief Description of the Charac ADVERTISING AND MA	ARKETING AND ANY	OTHER LEGAL BUS				
V. NAMES AND ADDRESS President Name WILLIAM G. CORREN		S: ("X" BOX FOR AI	TACHMENT)   FILL IN SPACI Vice President Name	ES BEFORE USING AT	TACHMENTS	
Street Address 3920 CROMWELL PARK DRIVE			Street Address			
City VIRGINIA BEACH	State VA	<i>гър</i> 23456	City	State	Zip	
Secretary Name JILL A. CORRENTE			Treasurer Name JILL A. CORRENTE			
Street Address 3920 CROMWELL PARK DRIVE			Street Address 3920 CROMWELL PARK DRIVE			
VIRGINIA BEACH	State VA	<sup>Zip</sup> 23456	City VIRGINIA BEACH	State VA	<sup>Zip</sup> 23456	
8. NAMES AND ADDRESS  Director Name  NONE	SES OF THE DIRECTO	ORS: ("X" BOX FOR	ATTACHMENT)   FILL IN SPA Director Name	CES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	J		Director Name	<b>.</b>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZEI AUTHORIZED SHARES	D ("X" BOX FOR AT	TACHMENT)	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION	the first transfer of the state of	MENT) [	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value	
1,000	COMMON N	IO PAR VALUE	100	COMMON	NO PAR VALUE	
this report must be execu	ited on behalf of the co	corporation by an authorporation by the recei	Under penalty of perju	ry, I declare and affirm th anying schedules and sta	nat I have examined this reptements, and that all statements	
File Date Check No.	ILED		Signature		7-11-08 Date	
By:  FOR SECRETARY OF STATE USE ONLY			William G. Corr Print or Type Name President	ente		
FUR SECKETARY (	JE STATE USE UNLY	10.00	Title		Form 630 Rev. 12/06	