

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615

401.222.3040

,				2 - 1	401.222.30	
PROFIT CORP	ORATION A	ANNUAL REPO	ORT FOR THE YEA	AR ~008		
Filing Period: Ianuary	1 - March 1 • Fili	ng Fee: \$50.00* THIS	REPORT MUST BE TYPE	D OR PRINTED LEG	CIRLY IN RIACK INK	
* In accordance with R.I.G	G.L. 7-1.2-1501(e), each	b corporation failing or r	refusing to file its annual report i	within thirty (30) days a	ofter the time trescribed by	
law (R.I.G.L. 7-1.2-1501(c&	d)) is subject to a pe	nalty fee of \$25.00.	gg	(30) 4443 4	yer the time prescribed by	
1. Corporate ID No.	2. Name of Corps		0 0	0 /		
7690	and de	Jan da P	New Care	Por tex		
3. Street A dress Principal Bus	Amore Office	willing co	ue projection	12 /	one	
. رسی	1" 	, U	City I I I I	State D	Zip _ V1.	
_ sew	from in		_ / Commen	U KJ	02841	
4. Business Phone No.	1. 1/51	5. State of Incorpora	ation / / /	,		
401 12	6-4810	1 LKAA	e Island			
б. Brief Description of the Char	racter of Business Conduc	ted in Rhode Island				
7. NAMES AND ADDRES	SSES OF THE OFFIC	CERS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES REFORE USING	2 ATTACHAEDNTC	
President Name	TTTT I TEMES was serviced in	- Mark Mark III I I I I I I	Vice President Name		TAI TAO THE TAIL TO THE TAIL T	
£11	9. To	<i>a</i> s		O to	- Challat	
(lland	and	<u> </u>	Laun	Carreo	- caras	
Street Address	11-1	1+	Street Address.			
12/1WU	racex	une	- 7 Mars	nacak 1		
City	State	Zip , , , O ,	City 1	State	Zip	
/)aut	IR I	02860	2 Deepul	E0 1 21	02828	
Secretary Name		~ 0 / .	Treasurer Name			
Marca C	PAITON-	Chalest	700011	Lasta		
Street Address	aru.		Street Address	<u> </u>	<u> </u>	
1 Marad	in all F) l	Street Address	1 . 1 07	PA	
/ Walre	vac ve	200	1ditavi	nara SI		
a 1. " 1	1 State	Zip C O	0 99	State	Zip _ C	
Talenul	e pre	1 0282	4 Valuet		102800	
AND ADDRES	Soes OF THE DIREC	ETORS: ("X" BOX FOR	R <i>attachment</i>) 🔲 fill in	SPACES BEFORE USIN	NG ATTACHMENTS	
ne		1_	Director Name	201000 II.a — 190 900 900 II.a II.a II.a II.a II.a II.a III.a III.		
Elena	East	ev.	Walls F	21/10-1	Makest	
Street Address			Street Address	aru	- avoi	
75 Hards	il ST		~ man		(D 1	
and I work	State	1 202		name (2000	
Thut	Siare O A	2ip 0286	0 10 10 10 10 10 10 10 10 10 10 10 10 10	State	Z^{ip}	
June		1000	Xuexulla	2 Kes	102828	
Director Name			Director Name	*************************	******************************	
Street Address			Street Address	Street Address		
City	State	Zip	City	State	T _{Zia}	
		1 "P	·	State	Zip	
· Arrichma Crimiconidad	المراجعة ال	2 M 28 2 % 2 <u>- 1</u> 2 2 <u>2 2 2 2 2 3 6 4 4 1 1 2 2 2 2 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4</u>	Tarangan tarangan tarang nakaban tarang kabupatèn kabupatèn kabupatèn kabupatèn kabupatèn kabupatèn kabupatèn Tarangan tarangan tarangan tarangan tarangan tarangan kabupatèn kabupatèn kabupatèn kabupatèn kabupatèn kabup	Mark Constanting		
9. SHARES AUTHORIZE	D ("X" BOX FOR A	LTTACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECT	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
_						
100 Con	Nes/	1hm -e alla	o none		1	
100 Con	20 /00 /	rentall				

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.

File Date
Check No. JUN 0 5 2008
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the	hat I have examined this report,
including any accompanying schedules and sta-	tements, and that all statements
Contained herein are true and correct.	ee 5/19/2008
ignature	Date
ELEANOR CART	ER
Print or Type Name	11
sexel Clarken	sudde
Title /	Form 630 Rev. 08/06
	i Olili ODO INEV. UB/UD