



**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. <b>34027</b>		2. Name of Corporation <b>VINCA CORPORATION</b>			
3. Street Address Principal Business Office <b>1901 LONG PRAIRIE ROAD, SUITE 130-10</b>			City <b>FLOWER MOUND</b>	State <b>TX</b>	Zip <b>75022</b>
4. Business Phone No. <b>214-513-8484</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>BUSINESS MANAGEMENT CONSULTING</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>ROBERT A. MENARD II</b>			Vice President Name		
Street Address <b>1901 LONG PRAIRIE ROAD, SUITE 130-10</b>			Street Address		
City <b>FLOWER MOUND</b>	State <b>TX</b>	Zip <b>75022</b>	City	State	Zip
Secretary Name <b>ROBERT A. MENARD II</b>			Treasurer Name <b>ROBERT A. MENARD II</b>		
Street Address <b>1901 LONG PRAIRIE ROAD, SUITE 130-10</b>			Street Address <b>1901 LONG PRAIRIE ROAD, SUITE 130-10</b>		
City <b>FLOWER MOUND</b>	State <b>TX</b>	Zip <b>75022</b>	City <b>FLOWER MOUND</b>	State <b>TX</b>	Zip <b>75022</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>ROBERT A. MENARD II</b>			Director Name		
Street Address <b>1901 LONG PRAIRIE ROAD, SUITE 130-10</b>			Street Address		
City <b>FLOWER MOUND</b>	State <b>TX</b>	Zip <b>75022</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>		<b>800</b>	<b>A</b>	<b>NO PAR</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2008 AUG 13 AM 11:05

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.

11:05

File Date: **FILED**  
 Check No.: **AUG 13 2008**  
 By: **By [Signature]**  
 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]** **[Signature]**  
 Signature Date  
**ROBERT A. MENARD II**  
 Print or Type Name  
**PRESIDENT**  
 Title