

1. Corporate ID No.

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

2. Name of Corporation

FOR SECRETARY OF STATE USE ONLY

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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.

# 128749	/ NEWLOW	SE MISE IN	٠c .		
	MAIN ROP	าป	Chporasmouth	State R.I.	^{Zip} 02871
4. Business Phone No. 401 682 - 22	25	5. State of Incorporation			
6. Brief Description of the Character o		Rhode Island			
K CONSTI	WCT/DW	C'Y" BOY FOD ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
7 NAMES AND ADDRESSES. President Name	OF THE OFFICERS:		Line Dunnidont Mance		ennen var i engelierskeldt blievelet i die Z
JOSEPH SARATINO			DAVID W. COLLINS		
Street Address 438 BRISTOL FERRY ROAD			Street Address PADEL FORD AVE		
PORTSMOUTH	State PI	Zip 02871	CAST PROVIDENCE	State RI	^{Zip} 02915
Secretary Name 50 ANN M. SABATINO			Treasurer Name JOSEPH SABATINO		
Street Address 438 BRISTOL FERRY ROAD			Street Address 438 BRISTOL FERRY 120AD		
PORTSMOUTH	State 72 I	Zip 0 2 871	CONPORTSMOUTH	ì	Zip 0287111,
오늘 하는데 그 문의장이 되었다면 하다 된 것이다. [10] 관련 관련 :	OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) TILL IN SPA	CES BEFORE USING A	E C
Director Name NA			N A		
Street Address			Street Address		27 A
City	State	Zip	City	State	Z#0 90 <
Director Name			Director Name		3
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATT	ACHMENT)	: 10. SHARES ISSUED ("X"	BOX FOR ATTACHME	NT)
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION	<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 <0	mmon stock	c Ø	250	CO AMON STOCK	
56. 54. 54. 54.			THIS SECTIO	<u> </u>	
This report must be executed	i on behalf of the co	rporation by an authoriz	ed representative. If the corpor	ration is in the hands of	a receiver or trustee,
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.	**	
		17			
	3	:/6	Y7 1 1 0 0	. Y Jaalaan am 3 accuus 41 -41	have everyined this range
	J	•		y, I declare and affirm that I sying schedules and statem	
	A STATE OF THE STA		contained herein are tro	e and correct.	
File Date	ILED			SABATING	NEW!
	6 2 7 2008	(1) 48.	Signature		Date
Check No.		<i>a</i> /	BOSEPH	SABATINO	1 RESIDEN
By	(Xd2llle/	Vφ	Print or Type Name	5. C-/	_
By:			Y RESID	ピペコ	