

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

Piling 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

[and (B.I.G.L. 7-1.2-1501(e), d)] is subject to a bornally for of \$25.00.

law (R.I.G.L. 7-1.2-1501(c&d))		ulty fee of \$25.00.	nong to juc us unum report wi	asan torray (30) mayo uga	c, the time presentates by		
1. Corporate ID No.	2. Name of Corpor						
10729	TOMASSIN	I'S DRIVERS CH	DICE CAR CO.		· · ·		
3. Street Address Principal Business	Office		CUMBERLAND	State <b>RI</b>	02864		
	ROAD	C. Seeda of January and I			02004		
4. Business Phone No. 401–658–4557	4. Business Phone No.  401–658–4557  5. State of Incorporation RHODE ISL.						
6. Brief Description of the Character	r of Presinges Conductor	8-3-3-3					
o. Driej Discription of the Courtedor	oj Dismess conduciei	WIN INDUCTION	40 ° 30 <b>44</b> 24 <b>4</b>				
7. NAMES AND ADDRESSES	S OF THE OFFICE	ERS: ("X" BOX FOR A	<i>TTACHMENT)</i> ☐ FILL IN SP	ACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name	. —			
RICHARD TOMASSINI			DEBRA ANN TON	DEBRA ANN TOMASSINI			
Street Address			Street Address	Street Address			
253 TOWER HILL	ROAD		253 TOWER HIL				
City	State	Zφ	City	State	Zip		
CUMBERLAND	BI	02864	CUMBERLAND	RI	02864		
Secretary Name	OT.1.T		Treasurer Name RICHARD TOMASSINI				
DEBRA ANN TOMAS  Street Address	SINI		Street Address				
			253 TOWER HILL ROAD				
253 TOWER HILL	ROAD State	Ziþ	City	State	Zψ		
CUMBERLAND	RI	02864	CUMBERLAND	RT	02864		
8. NAMES AND ADDRESSES	OF THE DIRECT	TORS: ("X" BOX FOR	ATTACHMENT) TILL IN S		G ATTACHMENTS		
Director Name			Director Name				
RICHARD TOMASSINI			DEBRA ANN TOMASSINI				
Street Address			Street Address				
SAME AS ABOVE	State	Zip	SAME AS ABOV	State	Zip		
City	State	Zų	Chy	Sime	1.10		
Director Name			Director Name				
277 (000) 1100							
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED (	"X" BOX FOR A	TACHMENT) 🗌	10. SHARES ISSUED (		TMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECT		15.41		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
400 NO PAR VALU	E		200	COMMON	NO PAR		
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			rized representative. If the cor	poration is in the hands	s of a receiver or trustee,		
this report must be executed	on behalf of the c	corporation by the receive	er or trustee.				

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Principal Company	CONTRACTOR OF THE				gare, whey borik
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contained herein are true and correc		dista
Stenor	Date	11.40
RICHARD TOWASSINI		
Print or Type Name		
PRESIDENT		
Title	Form 630 Re	v. 12/06
	including any accompanying scheducontained herein are true and correct the second seco	RICHARD TOWASSINI  Print or Type Name  PRESIDENT