



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.<br>129286                                                                                                                                                 |             | 2. Name of Corporation<br>ANGELL STREET MANAGEMENT COMPANY, INC. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>11 SOUTH ANGELL STREET #330                                                                                                    |             | City<br>PROVIDENCE                                               |                                                                     | State<br>RI  | Zip<br>02906 |
| 4. Business Phone No.<br>401-454-0100                                                                                                                                         |             | 5. State of Incorporation<br>RI                                  |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>MANAGEMENT AND CONSULTING SERVICES<br>IN MARKETING, MANAGEMENT, INTERNET AND REAL ESTATE AREAS |             |                                                                  |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                             |             |                                                                  |                                                                     |              |              |
| President Name<br>ALEX DAUNIS                                                                                                                                                 |             |                                                                  | Vice President Name                                                 |              |              |
| Street Address<br>11 SOUTH ANGELL STREET #330                                                                                                                                 |             |                                                                  | Street Address                                                      |              |              |
| City<br>PROVIDENCE                                                                                                                                                            | State<br>RI | Zip<br>02906                                                     | City                                                                | State        | Zip          |
| Secretary Name                                                                                                                                                                |             |                                                                  | Treasurer Name                                                      |              |              |
| Street Address                                                                                                                                                                |             |                                                                  | Street Address                                                      |              |              |
| City                                                                                                                                                                          | State       | Zip                                                              | City                                                                | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                            |             |                                                                  |                                                                     |              |              |
| Director Name                                                                                                                                                                 |             |                                                                  | Director Name                                                       |              |              |
| Street Address                                                                                                                                                                |             |                                                                  | Street Address                                                      |              |              |
| City                                                                                                                                                                          | State       | Zip                                                              | City                                                                | State        | Zip          |
| Director Name                                                                                                                                                                 |             |                                                                  | Director Name                                                       |              |              |
| Street Address                                                                                                                                                                |             |                                                                  | Street Address                                                      |              |              |
| City                                                                                                                                                                          | State       | Zip                                                              | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED                                                                                                                                                          |             |                                                                  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.                    |             |                                                                  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
|                                                                                                                                                                               |             |                                                                  | Number of Shares                                                    | Class/Series | Par Value    |
|                                                                                                                                                                               |             |                                                                  | 5,000                                                               | STK          | 0.00         |

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                       | FILED       |
| Check No.                       | OCT 14 2008 |
| By:                             | By 10561    |
| 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.

Alex Daunis 10/30/08  
Signature ALOR DAUNIS Date  
Print or Type Name PRESIDENT  
Title