



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 02904-2675
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. 728977		2. Name of Corporation RBS Financial Services Inc.				
3. Street Address Principal Business Office 661 Dexter St				City Central Falls	State RI	Zip 02863
4. Business Phone No. (401) 359-0368		5. State of Incorporation RI				
6. Brief Description of the Character of Business Conducted in Rhode Island Rentel Property						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name RAFAEL PACHECO			Vice President Name RAFAEL PACHECO			
Street Address 48 Maplecrest Dr			Street Address 48 Maplecrest Dr			
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828	
Secretary Name RAFAEL PACHECO			Treasurer Name RAFAEL PACHECO			
Street Address 48 Maplecrest Dr			Street Address 48 Maplecrest Dr			
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828	
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						
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED			
			Number of Shares 1000	Class/Series Common	Par Value	
				Par Value		

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.

FILED

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By AMF
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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: Rafael Pacheco Date: _____
Print or Type Name: Rafael Pacheco
Title: President

File Date _____
Check No. _____
By: _____
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