

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2007

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.30

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(cc/d)) is

subject to a penalty fee of \$					
1 Corporate ID No. 0 (50 27 0	2 Name of Corporan	- 10.7			
3. Street Address Principal Business Office 30 Resent Drive			Worth Kingsh	moni State RI	10285Z
4 Business Phone No. 5. State of Incorporation 10 294 945 3 Charle			Estand		
	Character of Business Conducted i	n Rhode Island			
7. NAMES AND ADI	DRESSES OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) ☐ FILL IN S	PACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Street Address			Street Address		
Snawn A Horlingu Street Address 323 Nausquille + Road City Warmick State RT 210 62896			Richard Harlinand Street Address 30 Regard Drive City Werth Kingskum RI 202852		
tway be 10	ik state	52886	Worth Kings	kun RI	24p 02852
Secretary Name Timothy T Hullbul Street Address 30 Regent Drive City Worth Kingston RT 8 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATI			Treasurer Name		
Street Address			Street Address		
50 VLezu	State 0 -	Zip > A = 3	City	State	Zip
North King	gran Kt	210 00857		COLOR DEFORE VOICE	A CONTRACTOR
8. NAMES AND ADS Director Name	DRESSES OF THE DIRECTO	ORS: ("X" BOX FOR ALL	Director Name	SPACES BEFORE USING	ATTACHMENTS
			Siren Address		
Street Address	ired Address				
City.	State	Zip	City	State	Zip
Director Name			Director Name		l
Street Address			Street Address		
СИУ	State	Zip	СИу	State	<i>Ζ</i> <u>ι</u> <u>φ</u>
9. SHARES AUTHO	RIZED	1		 <i>("X" BOX FOR ATTACH:</i> CTION <u>MUST</u> BE COMPLETED	MEN D
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.			Number of Shares	Class/Series	Par Value
			800	Cru P	70
This report must be	executed on behalf of the cexecuted on behalf of the ce	orporation by an authorize	ed representative. If the c	orporation is in the hands	of a receiver or trustee,
this report must be	executed on behalf of the co	apporation by the receiver	of trustee.		
	1 mm C		Under penalty of princluding any according	perjury, I declare and affirm the companying schedules and state	at I have examined this report ements, and that all statement
1-1	FED			re true and correct.	
File Date DEC	0 1 2008	- 7	Signature	J J Jalos	Date 12/1/08
Check 184 074484 110/			Signature // / Date Timothy J Herlina V		
<i>By:</i>			Print or Type Name	et Lessana d	
FOR SECRET	TARY OF STATE USE ONLY		Title ECV	<u> </u>	· · · · · · · · · · · · · · · · · · ·