

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

* 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. | <u> </u> | , , , , , | | , | |
|---|----------------------------|---------------------------|---|-----------------------------|--------------------------------|
| 1 Corporate 11) No. 60000 2935 | 2. Name of Corporation | " BE CONSULTA | EWARWICK | | |
| 3. Street Address Principal Business | Office | UP CONTROL | City | State 0 | Zip |
| 3. Street Address Principal Business | OST RD | | WARWICK | /< | Odfff |
| 3 Rusinose Phono Vo | _ | 5. State of Incorporation | | | |
| 401 467 | 3030 | RI | | | |
| 6 Brief Description of the Character | r of Business Conducted in | Rhode Island | | | |
| LIFE IN | | | | | |
| 7. NAMES AND ADDRESSE | S OF THE OFFICERS | S: ("X" BOX FOR ATTA | · · · | CES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name FRANK NORTH | | |
| HARRY JERANIAN Street Address | | | | | |
| CHANSTON SIAN RI OL920 | | | Street Address 19 BERWICK LANE City CRANSTON State CRANSTON RT O2905 | | |
| City | State 0 - | Zip | City | State | 02905 |
| CRANSTUN | 1 14 1 | 1 00720 | | 1 K + | 100705 |
| Secretary Name 5. | DAMEAN | | Treasurer Name | | |
| DAVID JERANIAN | | | 0.11/ | | |
| Street Address 32 BAACKEN ST City CANS NN State R ST 0 + 920 | | | Street Address | | |
| 3 L DRACKEN 3 |) (| Lan. | | | |
| CRANSON | state R | 04920 | City | State | Zip |
| 8. NAMES AND ADDRESSE | I | 1 - | : <i>"ACHMENT</i> ") □ FILL IN SI | PACES REFORE USING | L ATTACHMENTS |
| Director Name | o or the bikeero | MS. (A DOATOR ATT | Director Name | MCES BEFORE COINC | , mi monazato |
| NONE Street Address | | | | | |
| | | | Street Address | | |
| | | | | | |
| СПу | State | Zip | City | State | Zip |
| | | | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| 274 | Term. | 20. | * 20m. | Carre | Via. |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | I | I | 10. SHARES ISSUED C" | X" ROX FOR ATTACH | MENT) [] |
| 600 | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares | Class/Series | Par Value |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of | | | | | 4 |
| instruction sheet. | | | 600 | STK | P |
| | | | | | |
| 1 | | | | | |
| This report must be executed | d on behalf of the co | rporation by an authorize | d representative. If the corr | oration is in the hands | of a receiver or trustee, |
| this report must be executed | | | | | · |
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| | | | and the second second | | |
| | | | Under penalty of peru | irval declare and affirm th | nat I have examined this repor |
| | | | including any accomp | mying schedules and stat | ements, and that all statemen |
| File Date | | | including any accompanying schedules and statements, and that all statement contained herein are true and correct. A 2 | | |
| | | | | | |
| Check No. JAN 06 2009 | } | | | <pre></pre> | |