



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 18990		2. Name of Corporation RENEW CORP.			
3. Street Address Principal Business Office 8 Bagy Wrinkle Cove			City Warren	State RI	Zip 02885
4. Business Phone No. 331-5700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING					

7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Linda Mittleman			Vice President Name Linda Mittleman		
Street Address 8 Bagy Wrinkle Cove			Street Address 8 Bagy Wrinkle Cove		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Richard S. Mittleman			Treasurer Name Linda Mittleman		
Street Address 8 Bagy Wrinkle Cove			Street Address 8 Bagy Wrinkle Cove		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885

8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Linda Mittleman			Director Name Richard S. Mittleman		
Street Address 8 Bagy Wrinkle Cove			Street Address 8 Bagy Wrinkle Cove		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100	common	none

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.



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18990 DBC 01/05/07 12:04:39 PM

File Date 1-12-09

Check No. 1017

By: [Signature]

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.

[Signature] 1/7/09

Signature _____ Date _____

Linda Mittleman

Print or Type Name

President

Title