

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 2009

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(cord.)) is white to a brackle for \$250.00\*

1. Corporate ID No. 94415		2. Name of Corporation J. A. Fusco Design, LTD.				
3. Street Address Principal Busi 15 Delmont Street	iness Office		City Johnston	State RI	<i>Zip</i> <b>02919</b>	
4. Business Phone No. 401-648-0116  5. State of Incorporation Rhode Island				- *		
6. Brief Description of the Char Graphic design, illustra						
	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>CHMENT)</i> [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Janice A. Fusco	+P-1		:			
Street Address 15 Delmont Street			Street Address			
City Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip	
Secretary Name			Treasurer Name Janice A. Fusco			
Street Address			Street Address 15 Delmont Street			
Сйу	State	Zip	City Johnston	State RI	Σip 02919	
8. NAMES AND ADDRES  Director Name	SES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL. I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
Director Name			Director Name	l		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	D		1	 	<del>-</del>	
This information is curre	ntly of record in the	e Office of the Secretary of	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 instruction sheet.			100	Common	No Par	
			1			

nis report must be executed on behalf of the corporation	by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report,
File Date 1412409 Check No. 12200	including any accompanying schedules and statements, and that all statements contained herein are true and correct.    1 - 8 - 09     Signature   Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President/Creative Director  Title Form 630 Rev. 08/08