

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

Matthew A. Brown, 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.<br>11015  |             | 2. Name of Corporation<br>Torbot Group, Inc. |                                       |             |              |  |  |              |  |           |  |
| 3. Street Address Principal Business Office<br>1367 Elmwood Avenue  |             |  | City<br>Cranston                      | State<br>RI | Zip<br>02910 |  |  |              |  |           |  |
| 4. Business Phone No.<br>401-780-8737   |             | 5. State of Incorporation<br>Rhode Island 0  |                                       |             |              |  |  |              |  |           |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island   |             |  |                                       |             |              |  |  |              |  |           |  |
| <b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>  |             |  |                                       |             |              |  |  |              |  |           |  |
| President Name<br>Sharon Yarlas   |             |  | Vice President Name<br>Stephen Block  |             |              |  |  |              |  |           |  |
| Street Address<br>136 East Hill Drive   |             |  | Street Address<br>29 Fox Glove Drive  |             |              |  |  |              |  |           |  |
| City<br>Cranston  | State<br>RI | Zip<br>02920                                 | City<br>Cranston                      | State<br>RI | Zip<br>02920 |  |  |              |  |           |  |
| Secretary Name<br>Stephen Block   |             |  | Treasurer Name<br>Sharon Yarlas       |             |              |  |  |              |  |           |  |
| Street Address<br>29 Fox Glove Drive  |             |  | Street Address<br>136 East Hill Drive |             |              |  |  |              |  |           |  |
| City<br>Cranston  | State<br>RI | Zip<br>02920                                 | City<br>Cranston                      | State<br>RI | Zip<br>02920 |  |  |              |  |           |  |
| <b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b> |             |  |                                       |             |              |  |  |              |  |           |  |
| 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          |  |  |              |  |           |  |
| <b>9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES</b>   |             |  |                                       |             |              | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES</b> |  |              |  |           |  |
| Number of Shares  |             | Class/Series                                 |                                       | Par Value   |              | Number of Shares   |  | Class/Series |  | Par Value |  |
| 2000  |             | Common                                       |                                       | No Par      |              | 100  |  |              |  |           |  |
|   |             |  |                                       |             |              |  |  |              |  |           |  |

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.

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: Sharon Yarlas Date: 1/12/09  
Print or Type Name: Sharon Yarlas  
Title: President

**FILED**  
File Date: JAN 13 2009  
Check No.: 30874  
By: [Signature]  
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