

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

401.22230

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(codd)) is suffice to a pendty fee of \$25.00

| subject to a penalty fee of \$25.00.   |                                |   | 1                                      |                            |                                       |
|--|--------------------------------|---|--|----------------------------|---------------------------------------|
| 1. Corporate ID No.  | 2. Name of Corporation         |   |  |                            |                                       |
| 23274  | JAMIEL'S                       | PARK, INC.  |  |                            | Lac.                                  |
| 3. Street Address Principal Business Office 10 Market Street   |                                |   | Warren                                 | R.I.                       | <sup>Zip</sup> 02885-0084             |
| 4. Business Phone No. 5. State of Incorporation  |                                |   | _                                      |                            |                                       |
| (401) 245-5300 Rhode Isla  |                                |   | ind                                    |                            | <del> </del>                          |
| 6. Brief Description of the Character  |                                |   |  |                            |                                       |
| and the state of t | real estat<br>of the officers: | e<br>("x" box for attac                             | HMENT) [ FILL IN SPACE                 | S BEFORE USING ATTA        | ACHMENTS                              |
| President Name ZENOBIA PAULHARDT   |                                |   | Vice President Name                    |                            |                                       |
| Street Address P.O. BOC 53   |                                |   | Street Address                         |                            |                                       |
| Giţv   | State                          | Zip   | City                                   | State                      | Zip                                   |
| Warren   | R.I.                           | 02885   | ************************************** | l                          | l                                     |
| Secretary Name MORPHIS A. JAMIEL   |                                |   | Treusurer Name BOLUS A. JAMIEL         |                            |                                       |
| Street Address 10 Market Street- P.O.Box 84  |                                |   | Street Address 429 Main Street         |                            |                                       |
| City   | State                          | Zip   | Gity                                   | State                      | Zip                                   |
| Warren   | R.I.                           | 02885-0084  |  | R.I.                       | 02885                                 |
| 8. NAMES AND ADDRESSES  Director Name  | OF THE DIRECTOR                | S: ("X" BOX FOR ALLA                                | CHMENT) TILL IN SPACE                  | E2 BEFORE USING AT         | 1ACHMEN15                             |
|  |                                |   |  |                            |                                       |
| LILY M. JAMIEL Street Address  |                                |   | MELIA SCHEFFLER Street Address         |                            |                                       |
| 471 Main Stre  | et                             |   | P.O. BOX 487                           |                            |                                       |
| City   | State                          | Zip   | City                                   | State                      | Zip                                   |
| Warren   | R.I.                           | 02885   | Kingston                               | N.H.                       | 03848                                 |
| Director Name  | IA DDM                         |   | Director Name                          | ١т                         |                                       |
| ZENOBIA PAULHARDT  |                                |   | HIRUN A. JAMIEL Street Address         |                            |                                       |
| P.O.BOX 53   |                                | 429 Main Street                                     |  |                            |                                       |
| Warren   | State<br>R.I.                  | <sup>Ζψ</sup> 02885                                 | Gity<br>Warren                         | R.I.                       | <i>z<sub>ip</sub></i><br>  02885      |
|  | K.1.                           | 02003   | 10. SHARES ISSUED ("X"                 |                            |                                       |
| 9. SHARES AUTHORIZED   |                                |   | ISSUED SHARES — THIS SECTION           |                            | , , , , , , , , , , , , , , , , , , , |
|  |                                |   | Number of Shares                       | Class/Series               | Par Vulue                             |
| 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.   |                                |   |  |                            |                                       |
|  |                                |   | 250                                    | Common                     | No Par                                |
|  |                                |   |  |                            |                                       |
| This report must be executed this report must be executed  | on behalf of the corp          | poration by an authorized pration by the receiver o | I representative. If the corpora       | ition is in the hands of a | receiver or trustee,                  |

| File Date FILED                    |
|------------------------------------|
| Check No. JAN 13 2009              |
| By: By Secretary of State Use only |

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|---|---------|
| Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statements |         |
| contained benefit are true and correct.   | 1/12/09 |
| MORPHIS A JAMIEL  | Date    |
| Print or Type Name<br>Secretary   |         |

Jamiel's Park, INc. Names of Directors (Continuation)
EDWARD A. JAMIEL-6 Bay View Avenue-Bristol, R.I. 02809
ANISSA POLANDO-31 Kispert Court-North Swansea, MA. 02737
ALBERT A. JAMIEL-266 Pontiac Avenue-Cranston, R.I. 02910
MORPHIS A. JAMIEL-10 Market Street-Warren, R.I. 02885-0084

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