

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

**In resolution with BLGL 7/2 150(4) and the second s

In accordance with R.I.G.L subject to a penalty fee of \$25		ation failing or refusing to file its an	rual report within thirty (30) d	ays after the time prescribed by lat	w (R.I.G.L. 7-1.2-1501(c&d)) i
1. Corporate ID No.	2. Name of Corpo		. 7730		
OOOO 160 S. 3. St <u>ree</u> t Address Principal B.		ines poch		State	Zip
Box 646		ckRd,	Blak Is	and KI	02807
1. Business Phone No. JO 1 4Lo		5. State of Incorporation			
Brief Description of the Ch	oaracter of Business C onduct e	ed in Rhode Island			
7. NAMES AND ADDR	+ ESSES OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT) ["] FILL IN	SPACES REFORE HSING	ATTACHMENTS
President Name			Vice President Name	STACES DEL GRE COING	ATTACHMENTS
Clifton Payne			Edward Sando Payne		
Street Address	eckRd Bu	0x646	Street Address 50-X	347	
City Block Isla Secretary Name _	nd State	zip 0d807	City Book Teck Treasurer Name	eud State	21p O2807
Jean S. Phyne					
Street Address DAGAL.			Street Address		
CIP Di 1-1	State	Ζφ	City	State	Zip
HOCK 19 au	7 / / /	102807			
Director Name	ESSES OF THE DIREC	CTORS: ("X" BOX FOR AT	(ACHMENT) [FILL II Director Name	N SPACES BEFORE USING	G ATTACHMENTS
Sam	e co	above			
treet Address			Street Address		
âty	State	Zip	City	State	Zip
Director Name			Director Name		
itreet Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZ	žED	I		 <i>("X" BOX FOR ATTACE</i> CTION <u>MUST</u> BE COMPLETED	IMENT) [
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.			Number of Shares	Class/Series	Par Value
			100.	CNP	Ø 00,0∂
This report must be ex-	ecuted on behalf of the	corneration by an authorize	d representative. If the	tornoration is in the hands	of a receiver or trustee
this report must be exe his report must be exe	scuted on behalf of the cuted on behalf of the	corporation by an authorize corporation by the receiver	ed representative. If the o or trustee.	corporation is in the hands	of a receiver or trustee
				perjury, I declare and affirm the ompanying schedules and state	
			contained herein a	are true and correct.	/
File Date	3			efton to	pre- 1-8
Check No.	-		Signature	6 06	Date
JAN 1 2 2	009			iften Pro	ine
By:)/ ₀ 4/		Print or Type Name	'	t
By FOR SECRETARY	OF STATE USE ONLY		- Tres	ident	
		ı	Title		