

**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

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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- subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its an	nual report within thirty (30) day	is after the time prescribed by law (	R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 8210	2. Name of Corporation	DEVELOPY	MENT CORPO	RAMON	
3. Street Address Principal Business (POBM 184			City	State	02871
4. Business Phone No. 401 - 683 - 6	-	5. State of Incorporation RHODE	1scans		
6. Brief Description of the Character	of Business Conducted in	Rhode Island	ISLINOD		
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [ FILL IN S	PACES BEFORE USING AT	TACHMENTS
Street Address	H PHILLI		Street Address		
(Po Box 184	1) 248 Me	CORRIE LAN	Sireer Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
SAME AS ABOUT			SAME AS above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	 RS: <i>("X" BOX FOR ATT</i>	: <i>TACHMENT)</i>	SPACES BEFORE USING A	I ATTACHMENTS
Street Address Street Address			Director Name		
(Po Box 184	) 248 Mc	OPRIE LANG	Street Address		
City	State D T	Zip	City	State	Zip
Director Name	1 1	1 02871	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.  This report must be executed on behalf of the corporation by an authorized.			Number of Shares	Class/Series	Par Value
			100	Common	NoParVALL
			d ramanantation. If the		
this report must be executed of	on behalf of the corp	oration by the receiver of	or trustee.	rporation is in the hands of	a receiver or trustee,
			I I adam a sur Morris Con		
		· ·	including any accor	rjury, I declare and affirm that apanying schedules and statern	
FILED			contained herein are	true and correct.	Par 10 200
JAN 1 2 2009			Signifiure	n millips	Jane 10, 200
Check No.	<u></u>		KENNETH PHILLIPS		
By			Print of Type Name		
FOR SECRETARY OF STA	TE USE ONLY		Title	leub	