RI SOS Filing Number: 200940253760 Date: 01/12/2009 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
7706	RNB SUPPLY INC.		
3. Street Address Principal Business Office	City	State	Zip
199 Anthony Street	East Providence	RI	02914
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-438-0639	Rhode Island		8888

7. Brief Description of the Character of Business Conducted in Rhode Island
Industrial distribution

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Robert Balasco					
Street Address			Street Address		
199 Anthony Street					
City	State	Zip	City	State	Zip
East Providence	RI	02914			
Secretary Name			Treasurer Name		
Robert Balasco			Patricia Balasco		
Street Address			Street Address		
199 Anthony Street			199 Anthony Street		
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
N/A					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-1000- no par value	common	no par value	-200-	common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Robert Balasco Pres 1/6/2009
Signature of Officer *Date*

Robert Balasco
Print or Type Name of Officer

President
Title of Officer

File Date FILED
Check
By
FOR SECRETARY OF STATE USE ONLY