

FOR SECRETARY OF STATE USE ONLY

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

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(e&d)) is subject to a penalty fee of \$25.00.

I. Corporate ID No. 98123		2 Name of Corporation SPSC Managing Member, Inc.				
3. Street Address Principal Business Office 5 Cathedral Square			Providence	State RI	7 <i>ip</i> 02903	
4. Business Phone No. 5. State of Incorporation Rhode Island						
	AGING MEMBER (OF SALT POND SHOPPING		on the prepart tierns	ATTA CHREENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Robert R. Gaudreau, Sr. Street Address 22 Briarbrooke Lane			Vice President Name Robert R. Gaudreau, Jr. Street Address 5 Cathedral Square			
						टाए Cranston
Secretary Name William L. Gaudreau			Treasurer Name Scott Gaudreau			
Street Address 4 Chase Lane			Street Address 5 Cathedral Square			
city Lincoln	State RI	^{Zip} 02865	Providence	State RI	302903	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Qing Shui			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		الروار السيبا	
Street Address 90 Isabella Ave.			Street Address O 2 5			
City Providence	State RI	Zip 02903	Cin:	State		
Director Name			Director Name			
Street Address		<u> </u>	Street Address			
City	State	Zip	GIO -	State	Zip	
9. SHARES AUTHORIZE	ED	,		("X" BOX FOR ATTAC. ECTION 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.			Number of Shares	Class Series	Par Value	
			100	Common	.01	
					la af a raminar as tour	
This report must be exect this report must be exec	cuted on behalf of t uted on behalf of th	he corporation by an authorize ne corporation by the receiver	ed representative. If the or trustee.	corporation is in the hanc	is of a receiver of truste	
			including any acc	perjury, I declare and affirm companying schedules and st are true and correct.	that I have examined this attements, and that all state	
File Date FILE	D		18. U	are thicking correct.	Date 1910	
Check No. JAN 0 9	2009		Signature Print or Type Nan	R Course);Sr.	