



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2007

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

1. Corporate ID No. <u>40433</u>		2. Name of Corporation <u>Audobahn Perf Inc.</u>			
3. Street Address Principal Business Office <u>6 Greenwood Ln</u>			City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02805</u>
4. Business Phone No. <u>401 996-9677</u>		5. State of Incorporation <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Audobahn</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Howard J Donoyan</u>			Vice President Name <u>Giovanna Donoyan</u>		
Street Address <u>6 Greenwood Ln</u>			Street Address <u>6 Greenwood Ln</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02805</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02805</u>
Secretary Name <u>Howard J Donoyan</u>			Treasurer Name <u>Giovanna Donoyan</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <u>1</u>	Class/Series	Par Value

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 STATE
 CORPORATIONS DIVISION

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	<u>JAN 12 2009 12:51</u>
Check No.	<u>011630</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] 1.12.09
 Signature Date
A. J. Donoyan
 Print or Type Name
[Signature]
 Title