

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(c&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 157009	2. Name of Corporation Giovanni D. Cicione, Esq. PC				
3. Street Address Principal Business Office 282 County Road, Suite 2			City Barrington	State RI	^{Zip} 02806
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Law office					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Giovanni D. Cicione			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 282 County Road, Ste 2			Street Address		
city Barrington	State RI	^{Zip} 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S. ("X" BOX FOR ATT	ACHMENT) TILL IN S Director Name	PACES BEFORE USI	NG ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	<i>Ті</i> р
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (edentering grant control of Control and Control of Cont
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
			1,000	n/a	\$0.01
				TO SERVICE CONTROL OF SERVICE	Ren Avec 1
This report must be executed this report must be executed of				poration is in the hand	ds of a receiver or trustee,

File Date		
Check No.	JAN 13 2	(1)
By	dy 1 0	<u>8</u> 3
FOR S	SECRETARY OF STA	ITE USE ONLY

Under penalty of perjury, I de	clare and affirm th	nat I have examined this repor
including any accompanying	schedules and stat	tements, and that all statemen
contained herein are true and	соггест.	/ /
	23	1/10/09
Signature	<u> </u>	Date

Giovanni D. Cicione, Esq.

Print or Type Name