

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

e: \$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. 00(1) 13835   | 2. Name of Corporation    |                                  | Group , INC  |                                  |                             |
| 3. Street Address Principal Bus.  | ness Office<br>Shay St    | UC LINCOVIII                     | Dewon +  | State RI                         | 02840                       |
| 4. Business Phone No.  [D19] 554-3918  5. State of Incorporation  RHOLD TS DAD  |                           |                                  |  |                                  |                             |
| 6. Brief Description of the Character of Business Conducted in Rhode Island   |                           |                                  |  |                                  |                             |
| UED DESTAIN  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   |                           |                                  |  |                                  |                             |
| Jonathan Spano  |                           |                                  | Christopher Spano =  |                                  |                             |
| Street Address Francish i DS+   |                           |                                  | Strep Address LOS  | Alto 5                           |                             |
| cuy pews  | of state PI               | <sup>zy</sup> 02840              | Long Beach   | State                            | z190815                     |
| Secretary Name SUSAI Lamond   |                           |                                  | Treasured Name RAYMOND GONZales ?  |                                  |                             |
| Street Address 140 BN adway   |                           |                                  | 73 Calver St   |                                  |                             |
| heuport   | State CT                  | 240 2840<br>RS: ("X" BOX FOR ATT | Brooklyn   | State ACES REFORE USING AT       | Zip 11223                   |
| Director Name  JONAHAM SDAMO  |                           |                                  | Direct Name Stocker Spano  |                                  |                             |
| Street Address Friend Still St.   |                           |                                  | 1390 LOS AITOS 3 55  |                                  |                             |
| Thurson   | State RI                  | 1 02840                          | Long Beach   | State CA                         | B0815                       |
| Director Name   |                           |                                  | Director Dame  |                                  | 二型型                         |
| Street Address  |                           |                                  | Street Address   |                                  | 3 55 D                      |
| City  | State                     | Zip                              | City   | State                            | Zip 🤐 ZA                    |
| l <sup>-</sup>  | <br>ED ("X" BOX FOR ATTA  | ACHMENT)                         | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED |                                  |                             |
| AUTHORIZED SHARES  Number of Shares   | Class/Series              | Par Value                        | Number of Shares   | Class/Series                     | Par Value                   |
| 2,000   | Common                    | .01                              | ANON DAY   | D CENSISES                       | dela                        |
|   |                           |                                  | 2,000  | Common                           | .01                         |
| 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. |                           |                                  |  |                                  |                             |
| mis report must be exec   | area on behalf of the cor | potation of the receiver         |  |                                  |                             |
|   |                           |                                  | Under penalty of perio   | ıry, I declare and affirm that I | have examined this repor    |
|   |                           | ٦                                |  | anying schedules and stateme     | ents, and that all statemen |
| 7 1112 11112  | LED                       |                                  |  | 0713                             | 12/1/05                     |
| Check No. JAN   | 1 4 2009                  |                                  | Signature  | 20.50000                         | Date                        |

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