RI SOS Filing Number: 200940350540 Date: 01/13/2009 4:00 PM

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 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.	2. Name of Corporation			
37291	Production Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
620 Old Colony Terrace, PO BOX 284		Tiverton	RI	02878
4. Business Phone No.		5. State of Incorporation		
401 624-~~9250~~ 8191		RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURERS SALES REP.

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

President Name			Vice President Name		
DAVID H. LITHWAY			NONE		
Street Address			Street Address		
620 OLD COLONY TERRACE PO BOX 284					
City	State	Zip	City	State	Zip
TIVERTON	RI	02878			
Secretary Name			Treasurer Name		
MADELEINE A. LITHWAY			MADELEINE A. LITHWAY		
Street Address			Street Address		
620 OLD COLONY TERRACE, PO BOX 284			620 OLD COLONY TERRACE, PO BOX 284		
City	State	Zip	City	State	Zip
TIVERTON	RI	02878	TIVERTON	RI	02878

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

Director Name			Director Name		
DAVID H. LITHWAY			MADELEINE A. LITHWAY		
Street Address			Street Address		
AS ABOVE			AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

[redacted] [redacted]

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.

Madeleine A. Lithway 1/12/09
Signature *Date*

MADELEINE A. LITHWAY
Print or Type Name

[redacted] SECRETARY/TREASURER
Title

File Date 1-13-09
Check No. 7243
By: mnc

30198-13-334525
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08