

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 3009 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- subject to a penalty fee of \$25.00.	1501(e), each corporation fa	•	ual report within thirty (30) a	lays after the time prescribed by lau	ා (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 37291	2. Name of Corporation Production Services, Inc.				
3. Street Address Principal Business Office 620 Old Colony Terrace, PO BOX 284			Tiverton	State RI	7tp 02878
4. Business Phone No. 401 624-9250 &191 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character MANUFACTURERS SALE:	S REP.				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
President Name DAVID H. LITHWAY			NONE		
Street Address			Street Address		
620 OLD COLONY TERRACE PO BOX 284					
City TIVERTON	State RI	^{Zip} 02878	Сііу	State	Zip
Secretary Name MADELEINE A. LITHWAY			Treasurer Name MADELEINE A. LITHWAY		
Street Address 620 OLD COLONY TERRACE, PO BOX 284			Street Address 620 OLD COLONY TERRACE, PO BOX 284		
City TIVERTON	State RI	^{Ζίρ} 02878	City TIVERTON	State RI	Ζιμ 02878
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	, <u> </u>	N SPACES BEFORE USING	ATTACHMENTS
DAVID H. LITHWAY			MADELEINE A. LITHWAY		
Street Address			Street Address		
AS ABOVE City State Zip		: AS ABOVE	State	Zip	
CHY	State		Cay	Sime	2.49
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION 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	соммон	NO PAR
This report must be executed this report must be executed				corporation is in the hands	of a receiver or trustee,
			Under penalty of	perjury, I declare and affirm the	hat I have examined this repor

including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature Check No. MADELEINE A. LITHWAY Print or Type Name SECRETARY/TREASURER FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08