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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
33723	TWO DEXTER INC.

3. Street Address Principal Business Office	City	State	Zip
Two Dexter Street	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
(401)728-6060	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island: To purchase, acquire, hold, improve, sell, convey, assign, release, mortgage, incumber, lease, hire and deal in real and personal property

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

President Name	Vice President Name
Kenneth A. Kaplan OD	Claude Lefebvre
Street Address: 1 Wayland Avenue, 106 N	Street Address: 290 Holmes Rd.
City: Providence · State: RI · Zip: 02906	City: North Attleboro · State: MA · Zip: 02760
Secretary Name	**Treasurer Name**
Alan Brier	Kenneth A. Kaplan OD
Street Address: 14 Westford Rd.	Street Address: 1 Wayland Avenue 106 N
City: Providence · State: RI · Zip: 02906	City: Providence · State: RI · Zip: 02906

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

Director Name	Director Name
Alan Brier	Kenneth A. Kaplan OD
Street Address: 14 Westford Rd.	Street Address: 1 Wayland Avenue, 106N
City: Providence · State: RI · Zip: 02906	City: Providence · State: RI · Zip: 02906
Director Name	**Director Name**
Claude Lefebvre	
Street Address: 290 Holmes Rd.	Street Address:
City: North Attleboro · State: MA · Zip: 02760	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
6000	Common	$.50

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.

Signature — Date: 1/9/09

Alan Brier
Print or Type Name

[redacted] Secretary
Title

File Date: **FILED**
Check No.: JAN 14 2009
By: By 1651
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30245-22-291206

Form 630 Rev. 08/08