

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- subject to a penalty fee of \$25.00.	1501(e), each corporation fi	ailing or refusing to file its ann	ual report within thirty (30) days afte	r the time prescribed by law ((R.I.G.L.: 7-1.2-1501(c&d)) is
1 Corporate ID No.	2. Name of Corporation RICARD	O SPENCE	INC.	· · · · · · · · · · · · · · · · · · ·	
3. Street Address Principal Business O DLC VARS LA	JE JE		LNC.	State R1	^{zip} 02808
4. Business Phone No. 401-377-4878 5. State of Incorporation Chocke 6. Brief Description of the Character of Business Conducted in Rhode Island			Island		
7. NAMES AND ADDRESSES President Name CAPDO S Street Address	OF THE OFFICERS:		CHMENT) FILL IN SPAC Vice President Name Street Address	ES BEFORE USING AT	TTACHMENTS
City C COOL	ANE State OI	Zip as anos	Сиу	State	Zip
Secretary Name			Treasurer Name		
Strant Address			Street Address		
Street Address			SIDEE PRACTES		
City	State	Zip	City	State	Zip
8 NAMES AND ADDRESSES	OF THE DIRECTOR	S. ("Y" RONEOP ATT	: "ACHMENT) [] EIII IN CDA	CES PEROPE VISING	ATTACHMENTS
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Nanie		1	Director Name		
Sirvet Address			Street Address		
City	State	Zip	Сіцу	State	Zip
9. SHARES AUTHORIZED	800	ŀ	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
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize oration by the receiver o	or trustee.		f a receiver or trustee,
File Date 1-150	- <i>09</i>			ying schedules and stater	nents, and that all statements 1 - 14 - 09 Date
By:	nc		KICARDO Print or Type Name	OVENCE	
FOR SECRETARY OF STA	TE USE ONLY		Title	<u>y</u>	
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