

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. 7-1.2-150).

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fu	iling or refusing to file its anni	ual report within thirty (30) days af	ter the time prescribed by law (K.	1, G.L. 7-1.2-1301(to a)) 15
1. Corporate ID No. 48301	2. Name of Corporation EUDENBACH &	RISPOLI, INC.			
3. Street Address Principal Business Office 58 EAST MAIN ROAD			MIDDLETOWN	State RHODE ISLAND	^{2ip} 02842
		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of THE PROFESSIONAL PRA	f Business Conducted in R CTICE OF OPTOME	hode Island TRY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ALESSI RISPOLI			CHMENT)		
Street Address 28 MALEE TERRACE			Street Address 28 MALEE TERRACE		
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH	State RI	^{Zip} 02871
Secretary Name ALESSI RISPOLI			Treasurer Name ALESSI RISPOLI		
Street Address 28 MALEE TERRACE			Street Address 28 MALEE TERRACE		
City PORTSMOUTH	State RI	^{Zip} 02871	City PORTSMOUTH	State RI	^{Zip} 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		NO PAR
This report must be executed this report must be executed	on behalf of the corporate on behalf of the corporate corporate the corporate corporat	poration by an authorized poration by the receiver	ed representative. If the corp or trustee.	poration is in the hands of	a receiver or trustee,
File Date Check No. JAN 1 6 2009 By: By SHS	5		including any accomposition are to the second secon	1/1/1_03	I have examined this report, nents, and that all statements // 7 / 0 9 / Date 8 3
FOR SECRETARY OF STA	ATE USE ONLY	_	Title		