

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. 7-1.2-1501(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).

t 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 \$25.0		n jailing or rejusing to file its ann	uni report within there (50) may	ague, and white presents on on	
1. Corporate ID No.	2. Name of Corporati	/	ote in		
3. Street Address Principal Bu	siness Office		Culy	State O	Zip O O OCI O
	ain St. Suit		Firt Greenwice	h RI	02818
4. Business Phone No. 465 - 841	4	5. State of Incorporation Rhode 13	sland		
	tracter of Business Conducted i	in Rhode Islan d			
Unstruction . Names and address	٦٦١ ESSES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SP	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	Rosati	
Nicholas R. Rosati			Street Address		
	6423		P.O. Box	6423	
Providence	State R±	^{Zip} 02940	Providence	State RI	^{Zip} 0 2940
Nicholas R Rosati			Nicholas R. Rosati		
Street Address P. O. BOX 6423			P. 0 Box 4423		
Providence	 	Zip 02940	Worldence	State RF	2940 2940
8. NAMES AND ADDRI	ESSES OF THE DIRECT	ORS: ("X" BOX FOR AT	· ·	SPACES BEFORE USIN	NG ATTAGHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Clly	State	Zap C
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	(FD	1	in 10. SHARES ISSUED	 ("X" BOX FOR ATTAC	 CHMENT)
1000 no por value			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		0
			-		
This report must be eve	ecuted on behalf of the	cornoration by an authoriz	ed representative. If the co	orporation is in the han	ds of a receiver or trustee,
this report must be exe	cuted on behalf of the co	orporation by the receiver	or trustee.		
			finder negative of the	mistar I declare and affirm	that I have examined this repo
			including any accor	mpanying schedules and s	statements, and that all stateme
1.	16-09		contained here in a	e true and correct.	1.1.
File Date	76-01		Signature 9 fa	n Shill	Date 1 / 6 / 0 9
Check No.	1013		X /.	cholas Rosa	Ti
Ru	MMC		Print or Type Name	C WITT ILOTA	4
By:	Y OF STATE USE ONLY			Res	
FOR SECRETAR	I OF STATE OFF OREI	1	Title		