

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 \$25.0								
1. Corporate ID No. 89082		2. Name of Corporation Bookman, Inc.						
3. Street Address Principal Business Office P.O. Box 509			Newport	State RI	^{Zip} 02840			
4. Business Phone No. 401-842-0134 5. State of Incorporation Rhode Island			7					
6. Brief Description of the Char Receive by way of ass	ignment or otherwis	e invest and distribute as:	sets.	entral 30045 3000				
7. NAMES AND ADDRE President Name Kathryn E. Spargo	SSES OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) TILL IN: Vice President Name	SPACES BEFORE USING	ATTACHMENTS			
Street Address PO Box 509			Street Address					
City Newport	State RI	^{Zip} 02840	City	State	Ζip			
Secretary Name Mark B. Bardorf			Treasurer Name Kathryn E. Spargo					
Street Address 36 Washington Square			Street Address PO Box 509	• · · · · · · · · · · · · · · · · · · ·				
City Newport	State RI	^{Zip} 02840	Ctty Newport	State RI	2/p 02840			
8: NAMES AND ADDRE	SSES OF THE DIRI	CTORS: ("X" BOX FOR .	attachment) 🗍 fill i	n spaces before usin	G ATTACHMENTS			
Director Name Kathryn E. Spargo			Director Name	Edward J. Spargo, Jr. Street Address				
Street Address			85 Rogers Street					
PO Box 509	State	Zip	City	State	Zip			
Newport	RI	02840	N. Billerica	MA	01862			
Director Name		***************************************	Director Name					
Nancy Spargo Barbe	er							
Street Address			Street Address					
80 Linden Street	I co-sec	Zip	City	State	Zip			
Needham	State MA	02492	<i>a.</i> , <i>y</i>		'			
9. SHARES AUTHORIZ	. 1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED				
		he Office of the Secretary	of Number of Shares	Class/Sertes	Par Value			
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.			1,000	Common	\$1.00			
mstruction sheet.			THE SE	Ciounne err				
This report must be exe	ecuted on behalf of t	he corporation by an authore corporation by the receiv	orized representative. If the	corporation is in the hand	ds of a receiver or trustee,			

this report must be executed on behalf of the corporation by the receiver or trustee.

File Daie	1-2	Da	09	
Check No.	10	52	none e	
By:	CRETARY OF	ZZ STATE US		_

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.

Form 630 Rev. 08/08