

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 209

401.222.30

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 for of \$75.00

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1. Corporate ID No.	2. Name of Corporation ARR	Un HAME	FARMANOITS	- Do	e e
3. Street Address Principal Bi	A	#2	WESTERLY	Siarc	^{Zip} 0289/
4. Business Phone No.	1 100000	5. State of Incorporation	1 7		
401-348	- 6042	PHOD	= 78las	•	
6. Brief Description of the Ch	aracter of Business Conducted in	r Rbode Island			
antagenessas en					<u> </u>
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			Vice President Name		
JOSE DE JESUS CARRILLO			CARLOS (ANDILO		
Street Address 54 EAST NE # Z			Street Address SY EAST AVE #2_		
City	State	Ζip	City	State _	Zip
WESTERY Secretary Name	14	02891	WESTERLY Treasurer Name	10	02891
RUBEN CARRILLO			DOSE DE TESUS Mila		
Street Address			Street Address		
54 EAS	T AE #Z	_	54 815	NE #2	
WESTENLY	State QT	21p 07891	WESTERLY	State UT	21.67 STES1
8. NAMES AND ADDR	ESSES OF THE DIRECTO	RS: ("X" HOX FOR ATT	ACHMENT) 🗌 FILL/IN	SPACES BEFORE USING	ATTACHMENTS
Director Name	AME 13 AB	A 16	Director Name		
Street Address	47,446 11 11 11/1	<u>~</u>	Street Address		
			<u>:</u>		
Gity	State	Zip	City	State	Ζip
••••••]	•••••••		
Director Name			Director Name		
Street Address			Street Address		
JITEL HOWIESS			oner manea		
City	State	Zip	City	State	Zip
9. SHARES AUTHORE	ed in the second of the second		i 10. Shares issued	("X" BOX FOR ATTACHS	
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This information is cu	rrently of record in the Of	fice of the Secretary of	Number of Shares	Class/Series	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.			1000	Canna	wo Par
manufaction shows					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
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				orporation is in the hands of	f a receiver or trustee,
this report must be exe	cuted on behalf of the cor	poration by the receiver of	or trustee.		
				rjury, I declare and affirm tha	
	TO THE STATE OF TH		contained herein are	npanying schedules and states true and copert.	mens, and that an statemen
			Marie	(heelle)	01-19-09
			A khatyre	1)	Date///
Check No. JAN 21			for Ar	trave las	oille
/ ***			Print gr Type Name l	JUSUS MICH	
^{By} By <u> / グ</u>			Thile	7	
POR SECRETARY	OF STATE USE ONLY		Thile		
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