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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

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 $25.00.***

1. Corporate ID No.	2. Name of Corporation			
157398	Restoration Specialists, Inc.			
3. Street Address Principal Business Office		**City**	**State**	**Zip**
171 Main Avenue Apt. 1		Warwick	RI	02886
4. Business Phone No.	**5. State of Incorporation**			
	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robbi Greene	171 Main Avenue Apt. 1	Warwick	RI	02886

Vice President Name	Street Address	City	State	Zip
Robbi Greene	171 Main Avenue Apt. 1	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Robbi Greene	171 Main Avenue Apt. 1	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Robbi Greene	171 Main Avenue Apt. 1	Warwick	RI	02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Robbi Greene	171 Main Avenue Apt. 1	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200 $0.01 PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature *Date* 1-14-09

Robbi Greene
Print or Type Name

[redacted] President
Title

File Date 1-21-09

Check No. 1424

By: ~~29988-15-336545~~ MNC

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