

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 2069

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

STATES AUTHORIZED STATES AUTHO	law (R.I.G.L. 7-1.2-150)	R.I.G.L. 7-1.2-1501(e), each con (c&d)) is subject to a penalty	fee of \$25.00.	<u> </u>		
Some Address So	1. Corporate ID No.	م سنده ا	TAX CONSU	LTANTS, LT	7 b.	(7)
Some Address So	3. Street Address Principal	Business Office		CIDY NCOLA	State RI	02865
THE DOCUMENT OF THE CONTROL OF PARTICIPATE OF THE PROPERTY OF THE PROPERTY OF THE PARTICIPATE OF THE PROPERTY OF THE PARTY	4. Business Phone No.		5 State of Incorporation	1005 70	(A x . x	
NAMES AND ADDRESSIS OF THE OBJECT OF SOUTH OF SO	401-72	Character of Business Conducted to	The state of the s			
Some Address TO AN E FERRARA Street Address Trees Presented Name The Address Street Addre	7) ^	4) / /-	7AX	ETURNS	ATTACHMENTS #
Since Address TO DESCRIPTION AND STATE USE ONLY. STORE ADDRESS TO STATE	7. NAMES AND ADI President Name			Vice President Name	[图] 3. 4. 7年中的《整治部中的社》中等等等的研究。由于一个	5 of Company (1) and the company of
THE ALTHORY State A DESCRIPTION OF THE STATE OF THE STAT					<u> </u>	
Treat Address Treat Address Street Address Street Address Street Address Treat Address Tre	Street Address	MEADOWBR	OOK RD			
Treat Address Treat Address Street Address Street Address Street Address Treat Address Tre	CILY GOFEN	State RI	Zip 02818	City	State	
State Same Same Special State Special Specia	Connete my Mannet					
NAMES AND ADDRESSES DESTINE DIRECTORS: CX* BOX FOR ATTACHMENT) FILE IN SPACES REFORE USING ATTACHMENTS Director Name JOAN E ERRADA Street Address 1/1 O MEADOW BROOK RD City State Director Name Local Address Street Address Storet	Street Address			Street Address		
Director Name DAN E ESPARA Street Address	City	State	Zip	City	State	Zip
Director Name DAN E ESPARA Street Address	9 NAMES AND ADT	 ORESTS OF THE DIRECTO)RS: /*X" BOX FOR AT	: <i>tachment</i>) [] fielin	spaces before usin	G ATTACHMENTS
State	Director Name			Director Name		
Invert Address Street Address Street Address Street Address Street Address Street Address Street Address State Ztp City State Ztp City State Ztp State Ztp State Ztp State Ztp State Ztp State State Ztp	Stragt Address					
Invert Address Street Address Street Address Street Address Street Address Street Address Street Address State Ztp City State Ztp City State Ztp State Ztp State Ztp State Ztp State Ztp State State Ztp	//0 /4	EADOW BROC	Zib	City	State	Zip
Treet Address Street Address Street Address Street Address Street Address Street Address State Ztp City State Ztp Class/Series Par Value Class/Series Par Value	E. GREENL	12 H	0281P			
INVESTIGATES AUTHORIZED CX* BOX FOR ATTACHMEND SITARES AUTHORIZED CX* BOX FOR ATTACHMEND UTHORIZED SHARES ISSUED SHARES — THIS SECTION MUST BE COMPLETED For Value Class/Series Far Value Number of Shares Class/Series Far Value	Director Name No	ME			ົ	
SHARES AUTHORIZED CX* BOX_ROR ATTACHMENT) 10. SHARES ISSUED (EX* BOX_FOR ATTACHMENT) 11. SHARES ISSUED (EX* BOX_FOR ATTACHMENT) 12. SHARES 15. SUED SHARES — THIS SECTION MUST BE COMPLETED 15. Shares 15. Class/Series 15. Par Value 15. Number of Shares 15. Class/Series 15. Par Value	Street Address			Street Address		
UTHORIZED SHARES ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 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, his report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signature Check No. Print or Type Name Print or Type Name PRESIDENT Title	City	State	Ζip	City	State	Zψ
Common No PA2 This seport must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, his report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signature Check No. Print or Type Name PAESIDENT Title PRESIDENT	9. SHARES AUTHOR	nzed <i>("X" BOX"FOR ATT</i>	ACHMENT) [] : []	e maid i a stada, a diferentian e recentra		
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, his report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signature Check No. Print or Type Name PRESIDENT Title PRESIDENT	AUTHORIZED SHARES Number of Shares	Class/Series	Par Válue			
This secuted on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, his report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. File Date Check No. Print or Type Name PAESIDENT Title			No Dag	6.00	COMMA	D. P.V.
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Check No.	1000	Common	NO PAIL	7115 360		
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Check No.				and representative. If the s	ornoration is in the hand	s of a receiver or trustee.
Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct. Check No.	This report must be enthis report must be en	executed on behalf of the co xecuted on behalf of the co	rporation by an authorize poration by the receiver	or trustee.	orporation is in the mind	of a food, or or manner,
including any accompanying schedules and statements, and that all statement contained herein are true and correct. Check No.						
including any accompanying schedules and statements, and that all statement contained herein are true and correct. Check No.				Linder negalty of p	eriury. I declare and affirm	that I have examined this report
File Date Check No. 1000 Signature Signature JOAN E. FERRARA. Print or Type Name PRESIDENT Title			- oil	including any acco	mpanying schedules and sta	atements, and that all statemen
Signature Signature JOAN E. FERRARA. Print or Type Name PRESIDENT Title	/_	21-09	() () () () () () () () () ()	contained herein at	E LAAMA	1/12/09
Print or Type Name POESIDENT Title	ruevaie	200		Signature		Date
FOR SECRETARY OF STATE USE ONLY. FOR SECRETARY OF STATE USE ONLY. THE	Check No.			JOAN	E. F	ERRARA.
FOR SECRETARY OBSTAIL USE UNLY	By:	mmci.	NA	<u> </u>	IN EAST	
	FOR SECRETA	RY OF STATE USE ONLY			IDENI	E (20 D 12/0)