



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

A. Ralph Molis, 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 \$25.00.

1. Corporate ID No. 99683		2. Name of Corporation Toycept, Inc.			
3. Street Address Principal Business Office 55 Ferncrest Avenue			City Cranston	State RI	Zip 02905
4. Business Phone No. 401.941.5602		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO DESIGN, INVENT, DEVELOP AND LICENSE NEW PRODUCTS AND CONCEPTS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John D. Fishman			Vice President Name Jean A. Pettengill		
Street Address 55 Ferncrest Avenue			Street Address 55 Ferncrest Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Jean A. Pettengill			Treasurer Name John D. Fishman		
Street Address 55 Ferncrest Avenue			Street Address 55 Ferncrest Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John D. Fishman			Director Name Jean A. Pettengill		
Street Address 55 Ferncrest Avenue			Street Address 55 Ferncrest Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value NO PAR VALUE

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.

FILED
File Date JAN 23 2009
Check No. 85788106
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature

John D. Fishman

Print or Type Name

President

Title

Date