

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

Filling Period: January 1 - March 1 • Filling 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(e&d)) is

1. Corporate ID No. 119685	Eurotouch	2. Name of Corporation Eurotouch, Inc.				
3 Street Address Principal Business Office 455 Tillinghast Road			East Greenwich	State RI	02818	
4. Business Phone No. 5. Mate of Incorporation (401) 486-9427 Rhode Island						
6. Brief Description of the Char	acter of Business Condu	icted in Rhode Island				
	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	I <i>CHMENT)</i> 🔲 FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
President Name Alex Minton			Vice President Name Alex Minton			
Street Address			Street Address			
455 Tillinghast Road			455 Tillinghast Road			
East Greenwich	RI RI	02818	City East Greenwich	State RI	<sup>Ζip</sup> 02818	
Secretary Name Alex Minton			Treusurer Name Yuliya Matiachov			
Street Address 455 Tillinghast Road			Street Address 455 Tillinghast Road			
City East Greenwich	State RI	<sup>Дір</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818	
8. NAMES AND ADDRES	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT)  FILL IN  Director Name	SPACES BEFORE USIN	IG ATTACHMENTS	
Alex Minton			Director Name			
Street Address			Street Address			
455 Tillinghast Road						
East Greenwich	State RI	Ζφ <b>02818</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
CHy	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	D I	*	10. SHARES ISSUED ( ISSUED SHARES — THIS SECT			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	None	
This report must be execu	ited on behalf of the	ne corporation by an authorize	d representative. If the con-	rnoration is in the hand	E of a receiver or tructee	
this report must be execu	ted on behalf of th	e corporation by the receiver	or trustee.	iporation is in the hand	is of a receiver of trustee,	
			Under penalty of per	jury, I declare and affirm	that I have examined this repo atements, and that all statemen	
Fil	ED		contained hopest are		atements, and that an stateme	
File Date		MATERIAL MAT	Alex	14/200	01/13/09	
	23 2009		Signature		Date	
By: By			Alex Minton			
			Print or Type Name			
FOR SECRETARY OF	F STATE USE ONLY		President	····		
			Title		Form 630 Rev. 08/08	