

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 it: annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc/d)) is

subject to a penalty fee of \$2.	5.00.					
1. Corporate ID No. 12523	2. Name of Corp Fourquest	2. Name of Corporation Fourquest Entertainment, Inc.				
3. Street Address Principal E 238 Robinson Stre			^{City} Wakefield	State R.I.	71p 02879	
4. Business Phone No. (401) 738-3644 5. State of Incorporation Delaware						
	haracter of Business Conduc	ted in Rhode Island CERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Laura H. Harris			Lawrence A. Serre			
Street Address P O Box 5353			Street Address 117F Sherman Street			
City Wakefield	State R.I.	^{Ζψ} 02880	<i>City</i> Wakefield	State R.I.	^{Zip} 02879	
Secretary Name Lawrence A. Serre			Treasurer Name Laura H. Harris			
Street Address 117F Sherman Street			Street Address P O Box 5353			
_{Сиу} Wakefield	State R.I.	^{Zip} 02879	City Wakefield	State R.I.	^{Zip} 02880	
8. NAMES AND ADDI Director Name Laura H. Harris	RESSES OF THE DIRE	CTORS: ("X" BOX FOR A	TACHMENT) FILL I Director Name Lawrence A. Serre	N SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address P O Box 5353			Street Address 117F Sherman Street			
City Wakefield	State R.I.	<i>Ztp</i> 02880	City Wakefield	State R.I.	02879	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHOR	IZED .			O ("X" BOX FOR ATTAG ECTION MUST BE COMPLETED		
This information is c	urrently of record in th	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes requi	ire an additional filing	. See Section 9 of	5,500	common	\$1.00	
This report must be e	xecuted on behalf of the	he corporation by an authori e corporation by the receive	zed representative. If the r or trustee.	corporation is in the hand	ds of a receiver or trustee,	

File Date	FILED	10	
Check No	N 2 7 2009		
By: RV	11627		
	FOR SECRETARY OF STATE U	USE ONLY	

Under penalty of erjury, I declined including any accompanying so	lare and affirm that I have examined this repor chedules and statements, and that all statemen
containe herein are true and co	
Signature	Date
Lawrence A. Serre	
Print or Type Name	
Vice President	
Title	Form 630 Pay 09/09