

A. Ralph Mollis, Secretary of State Corporations Division

Corporations Unisson 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Follows 101 222 30 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(e&d)) is

TAL	5. State of Incorporation  RI  red in Rhode Island	CRANSTON	RI	<b>Q</b> 2920
TAL	RI		· · · · ·	
TAL	red in Rhode Island			
OF THE OFFI				
	CERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SI : Vice President Name : GINA GONCALO	PACES BEFORE USING	ATTACHMENTS
PATRICIA BLAIR  Sircet Ackinss 10 FLETCHER AVE.		Street Address 10 FLETCHER AVE.		
State RI	02920	CRANSTON	State RI	<sup>Zip</sup> 02920
Secretary Name PATRICIA BLAIR		Treasurer Name GINA GONCALO		
Street Address  SAME		Street Address SAME		
State	Zip	CH <sub>0</sub> :	State	Zψ
OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT)   FILL IN Director Name GINA GONCALO	SPACES BEFORE USING	G ATTACHMENTS
Street Address SAME		Street Address SAME		
State	Zip	CHh	State	Zip
	J	Director Name		
Street Address		Street Address		
State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.		Number of Shares	Class Series	Par Value
		100	COMMON	NONE
			prporation is in the hands	of a receiver or trustee,
ED		including any accor	npanying schedules and sta-	tements, and that all statem
		Signature Signature	suau	01/23/09 Date
By \399				<u> </u>
TE USE ONLY			<u> </u>	
	State  State  State  State  E  of record in the Iditional filing.	State Zip  State Zip  State Zip  E  of record in the Office of the Secretary of Iditional filing. See Section 9 of  on behalf of the corporation by an authorize on behalf of the corporation by the receiver of Iditional filing. See Section 9 of Iditional filing.	RI 02920 CRANSTON    Treasurer Name   GINA GONCALO     Street Address   SAME     State   Zip   City     OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN     Director Name   GINA GONCALO     Street Address   SAME     State   Zip   City     Director Name     Street Address     State   Zip   City     Director Name     Street Address     Street Address	State    State   Zip   City   State