



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

Corporations Division  
 148 W. River Street  
 Providence, Rhode Island 02904-2615  
 Telephone: (401) 222-3040

Fee: \$50.00

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**Business Corporation Annual Report**  
 Filing Period: January 1 - March 1

[?](#) Help with this form

*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.*

**ANNUAL REPORT YEAR:**

**1. Corporate ID No.**

**2. Name of Corporation**

**3. Street Address Principal Business Office:**

No. and Street:

City or Town:  State:  Zip:  Country:

**4. Business Phone No.**

**5. State of Incorporation**

State:

**6. Brief Description of the Character of Business Conducted in Rhode Island**

**FILED**

**JAN 27 2009**

By *MMG*

*Ch # 2980*

*ID # 5571*

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	RAYMOND T DEFUSCO JR.	4 RAY STREET JOHNSTON, RI 02919 USA
<input type="checkbox"/>	Vice President	Raymond T. DeFusco Jr.	4 Ray Street Johnston, RI 02919 USA
<input type="checkbox"/>	Secretary	Raymond T. DeFusco Jr.	4 Ray Street Johnston, RI 02919 USA
<input type="checkbox"/>	Treasurer	Raymond T. DeFusco Jr.	4 Ray Street Johnston, RI 02919 USA

Select From Below  Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	500.00

9. 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**

**JAN 27 2009**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

By MJC  
Ch # 2980  
D # 5771

City or Town:

State:

Zip:

Country:

Contact Phone:  ext: \_\_\_\_\_

Contact Email:

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**Signed this 19 Day of January, 2009 at 2:25:22 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the

electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By Raymond T DeJura  
Signature of Authorized Representative of the Corporation

President  
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept  Decline

[Click HERE to Submit This Information](#)

Form No. 630  
Revised 09/07

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Help

**FILED**

**JAN 27 2009**

By MRC  
CR # 2980  
ID # 5571