

subject to a penalty fee of \$25.00.

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

2009

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\(day{d}\))) is

1. Corporate ID No. 75429	2. Name of Corporation Bridgewater Video, Inc.				
3 Street Address Principal Business Office 111 John Street			City: Lincoln	State RI	^{Zip} 02865
4. Business Phone No. 5. State of Incorporation Rhode Island					
6 Brief Description of the Character of To own, operate and manage		bode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Frederick G. Kilsey Sweet Address			Street Address		
211 John Street					
cay Lincoln	State RI	^{Zip} 02865	City	State	Zip
Secretary Name Frederick G. Kilsey			Treasurer Name Frederick G. Kilsey		
Street Address 111 John Street			Street Address 111 John Street		
City Lincoln	State RI	^{χτρ} 02865	City Lincoln	State RI	^{Zip} 0 2 865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Street Address			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
			Street Address		
City	State	Zip	СИУ	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	CHy	State	Zip
9. SHARES AUTHORIZED			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	no par value
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize ration by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,
					that I have examined this report,
File Date 127	2-09		including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature Date Frederick G. Kilsey		
Check No	52				
Ву:	ne		Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY		President		
L			Title		Form 630 Rev. 08/08