



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

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

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(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 34273		2. Name of Corporation ROYAL MALE, LTD.			
3. Street Address Principal Business Office 104 SPRING ST.		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401.846.8465		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL CLOTHING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MAURICE DE LA VALETTE		Vice President Name MAURICE DE LA VALETTE			
Street Address 18 SECOND ST.		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name LYNN DE LA VALETTE		Treasurer Name LYNN DE LA VALETTE			
Street Address 18 SECOND ST.		Street Address			
City NEWPORT	State RI	Zip 02840	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City <del>6000</del>	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 NO/PAR		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED			
		Number of Shares 100	Class/Series CNP	Par Value NO/PAR	

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.

File Date	<b>FILED</b>
Check No.	JAN 28 2009
By:	By 5169
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Lynn de la Valette Date: 1/22/09  
Print or Type Name: LYNN DE LA VALETTE  
Title: TREASURER