



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. 140693		2. Name of Corporation DEFGUYS AUDIO, INC.			
3. Street Address Principal Business Office P.O. Box 995			City Ashaway	State RI	Zip 02804
4. Business Phone No. 401-377-4226		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island audio set-up and audio fabrication					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James M. Corbin			Vice President Name Kimberly A. Corbin		
Street Address P.O. Box 995			Street Address P.O. Box 995		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name Kimberly A. Corbin			Treasurer Name Kimberly A. Corbin		
Street Address P.O. Box 995			Street Address P.O. Box 995		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James M. Corbin			Director Name Kimberly A. Corbin		
Street Address P.O. Box 995			Street Address P.O. Box 995		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			200	common	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.

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: [Signature] Date: 4/27/09
James M. Corbin
Print or Type Name
President
Title

File Date	<u>1-28-09</u>
Check No.	<u>510</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	