

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 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(c&d)) is

subject to a penalty fee of \$25.00.				,		
1. Corporate ID No. 132881	2. Name of Corporation Sandra Joyce Associates, Inc.					
3. Street Address Principal Business Office 23 Azalea Drive			City Cranston	State R.I.	<i>Zip</i> 02921	
4. Business Phone No. 5. State of Incorporation 401-944-8182 Rhode Island		<u> </u>				
6. Brief Description of the Character of Business Conducted in Rhode Island The sales, marketing, consulting and representation of various jewelry, metals, chemicals, compounds and machinery equipment product lines						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name  Edwin J. Silva			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Edwin J. Silva			
Street Address 23 Azalea Drive			Street Address 23 Azalea Drive			
City Cranston	State R.I.	<sup><i>Zip</i></sup> 0 <b>29</b> 21	City Cranston	State R.I.	<i>Zip</i> 02921	
Secretary Name Edwin J. Silva			Treasurer Name Edwin J. Silva			
Street Address 23 Azalea Drive			Street Address 23 Azalea Drive			
City Cranston	State R.I.	<sup>Zip</sup> 02921	City Cranston	State R.I.	<sup>Zip</sup> 02921	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Edwin J. Silva			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address 23 Azalea Drive			Street Address			
City Cranston	State R.I.	<i><sup>Zip</sup></i> 02921	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	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	None	
This report must be executed or	on behalf of the corpor	pration by an authorized	d representative. If the corpora	tion is in the hands of a	receiver or trustee,	

File Date FILED				
Check No.JAN 2 9 2009				
By: By 334				
FOR SECRETARY OF STATE USE ONLY				

Edwin J. Silva Print or Type Name President			
including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature  Edwin J. Silva  Print or Type Name  President	Under penalty of perj	jury, I declare and affirm t	hat I have examined this report,
Signature Date  Edwin J. Silva  Print or Type Name  President			
Edwin J. Silva Print or Type Name President	contained herein are	true and correct.	
Edwin J. Silva Print or Type Name President	Edwar	Silva	1/12/09
Print or Type Name President	Signature	0	Date
President	Edwin J. Silv	va	
	Print or Type Name		
Title	President		
	Title	·	