

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(e&d)) is

subject to a penalty fee of \$25.00.		atang or rejaing to jue to unit	une report weiste wirely (90) mays lighter	the sine production by and	, , , , , , , , , , , , , , , , , , , ,
1. Corporate ID No. 165080		l R. Ackerman	n, PC		
3. Street Address Principal Business Office 191 Social Street			^{City} Woonsocket	State RI	^{zip} 02895
4. Business Phone No. (401) 766-5800 State of Incorporation Rhode Is1			land		
6. Brief Description of the Character Legal service	Ś				·
7. NAMES AND ADDRESSES President Name Richard R. Ac		("X" BOX FOR ATTA	CHMENT) TILL IN SPACE Vice President Name	ES BEFORE USING A	TTACHMENTS
Street Address 191 Social Street			Street Address		
City Woonsocket	State RI	^{Zip} 02895	City:	State	Zip
Secretary Name Richard R. Ackerman			Treasurer Name Richard R. Ackerman		
Street Address 191 Social Street			Street Address 191 Social Street		
Woonsocket	State RI	^{Zip} 02895	Gity Woonsocket	State RI	^{zip} 02895
8. NAMES AND ADDRESSES Director Name None	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 No Par	Value	ı	in 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		MENT)
This information is currently of record in the Office of the Secretary of		Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No par val
This report must be executed this report must be executed			ed representative. If the corpor or trustee.	ration is in the hands	of a receiver or trustee,

File Date FILED	
Check No. JAN 2 9 2009	_
By: 84 695	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and statemed contained herein are true and correct.	ents, and that all statements
mound of Getorman	178/09
Signature	Date
Richard R. Ackerman	
Print or Type Name	
President	
Title	E 630 D 00/09