



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

1. Corporate ID No. <u>421861</u>		2. Name of Corporation <u>EVANSCO</u>	
3. Street Address Principal Business Office <u>349 Idlewyld Dr.</u>			City <u>Ft. Lauderdale</u>
			State <u>FL</u>
			Zip <u>33301</u>
4. Business Phone No. <u>954-463-5546</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>retail clothing</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: (" X " BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Michael Evangelisti</u>		Vice President Name	
Street Address <u>349 Idlewyld Dr.</u>		Street Address	
City <u>Ft. Lauderdale</u>	State <u>FL</u>	Zip <u>33301</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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. <u>2000 No Par</u>		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
		Number of Shares <u>2000</u>	Class/Series <u>Com</u>
		Par Value <u>No Par</u>	

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 1-29-09
Check No. 8120
By: mmc
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 [Signature] Date _____
Print or Type Name Michael Evangelisti
Title PRESIDENT