



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. 51834		2. Name of Corporation PERKINS HORSESHOE WORKS, INC.			
3. Street Address Principal Business Office 531 Paine Road			City N. Attleboro	State MA	Zip 02760
4. Business Phone No. (508) 643-3020		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to own and operate real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lynn D'Adamo			Vice President Name Carolyn L. Murphy		
Street Address 531 Paine Road			Street Address 531 Paine Road		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
Secretary Name Paul D'Adamo			Treasurer Name Lynn D'Adamo		
Street Address 531 Paine Road			Street Address 531 Paine Road		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carolyn L. Murphy			Director Name Lynn D'Adamo		
Street Address 531 Paine Road			Street Address 531 Paine Road		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
Director Name Paul D'Adamo			Director Name		
Street Address 531 Paine Road			Street Address		
City N. Attleboro	State MA	Zip 02760	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
7,000	no par value		100	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.

File Date 1-29-09
Check No. 601
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.

Lynn E. D'Adamo 1/15/09
Signature Date

Lynn D'Adamo

Print or Type Name

President

Title