

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Illing Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

aning Co. State of Incorporation Rhode Island e Island X** BOX FOR ATTA	CHMENT) FILL IN SPACE Vice President Name Alfred M. D'And Street Address 45 Applewood F	lrea IV Road	02920 ATTACHMENTS		
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	Alfred M.D.'And Street Address 45 Applewood F	Road	4-44-4		
	Street Address Applewood F	Road			
	City Craneton	45 Applewood Road			
	Cranscon	State RI	^{ztp} 02920		
Secretary Name Alfred M. D'Andrea			Treasurer Name Alfred M. D'Andrea		
Street Address 45 Applewood Road City State Zip		Street Address 45 Applewood Road			
) 2920	City Cranston	State RI	^{Zip} 02920		
Director Name Alfred M. D'Andrea		Director Name N/A , FILL IN SPACES BEFORE USING AT IACHMENTS			
	Street Address				
 2920	City:	State	Zip		
Director Name Alfred M. D'Andrea IV			Director Name N/A		
	Street Address	•			
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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.			Par Value		
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Under penalty of perjury. I declare and affir	•
including any accompanying schedules and	statements, and that all statements
contained herein are trag and correct.	*/0/0
Aldel	2/9/09
Signature	Date
Alfred M. D'Andrea	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08