

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.

| 1. Corporate ID No | | | <u> </u> | | 12 1901(1010) 2 |
|--|---|---------------------------------------|--|--------------------------------|---------------------------------|
| 1. Corporate ID No 149250 | 2. Name of Corpo | JA Appliance, Inc. | | | |
| 3. Street Address Principal Business Office 188 Broad Street | | | City Cumberland | State RI | Zip 02864 |
| 4. Business Phone No. (401) 725-3690 5. State of Incorporation | | Rhode Island | | 02004 | |
| 6. Brief Description of the Chara | cter of Business Conduct | | | | |
| 7. NAMES AND ADDRESS | SES OF THE OFFIC | Sales a | nd Service of Household | d Appliances | |
| | | ERS: ("X" BOX FOR ATT | Vice President Name | SPACES BEFORE USING | G ATTACHMENTS |
| Joseph L. | . Araujo | | Jos | seph L. Araujo | |
| 188 Broad Street | | | Street Address 188 Broad Street | | |
| ciդ։ Cumberland | State RI | Zip | City | State | Zip |
| Secretary Name | J | 02864 | Cumberland | RI | 02864 |
| Joseph L. Araujo | | | Treasurer Name Joseph L. Araujo | | |
| Street Address Same | | | Street Address | | |
| City | State | Zip | City | Same | Γ |
| 8 NAMES AND ADDRESS | 750 07 55 | | • | Steady | Zip |
| Director Name | DES OF THE DIREC | TORS: ("X" BOX FOR AT | TACHMENT) FILL II Director Name | N SPACES BEFORE USIN | NG ATTACHMENTS |
| Joseph L. | . Araujo | | istration futing | | |
| Street Address 188 Broad Street | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Cumberland Director Name | RI | 02864 | | | Ζ.φ |
| Timeton Aime | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | 1776 | <u>:</u> | | |
| | , marc | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | • | | 10. SHARES ISSUED | ("X" BOX FOR ATTACE | HMENT) [|
| 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. | | | ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| | | | 100 | Common | No Par Value |
| | | | | | |
| This was at the state of the | | · · · · · · · · · · · · · · · · · · · | | | |
| This report must be execute this report must be executed | ed on behalf of the of on behalf of the c | corporation by an authorize | d representative. If the co | orporation is in the hands | s of a receiver or trustee, |
| | | or portation by the receiver | n trustee. | | |
| | | | | | |
| | | | Under penalty of po | erjury, I declare and affirm t | hat I have examined this report |
| FILED | | \neg | including any accor contained herein ar | mpanying schedules And sta | tements, and that all statemen |
| File Date | | | Jel h | · 41 2 ~ | 1-10-09 |
| Check No. FEB 1 3 200 | B | | Signature | | Date |
| By 208 | 0 | - [| Joseph L. / | Araujo ^v | |
| By: | | | Print or Type Name President | | |
| FOR SECRETARY OF STATE USE ONLY | | | Title | | |