

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 falling 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.	2. Name of Cor	7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by  2. Name of Corporation				
16235		RIUM, INC.				
3. Street Address Principal Business Office 905 NORTH MAIN STREET			PROVIDENCE	State RI	2ip 02904	
4. Business Phone No. 401-274-2520			ODE ISLAND			
6. Brief Description of the Ch RETAIL AQUARIUM	aracter of Business Condu AND PET SUPPLY	eted in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR A	ATTACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name  LAWRENCE POPKIN			Vice President Name  Street Address			
Street Address 199 RESERVOIR AVENUE						
City REHOBOTH	State MA	Zip	City	State	Zip	
Secretary Name			Treasurer Name LAWRENCE POPKIN			
Street Address			Street Address			
			199 RESERVOIR A	VENUE		
City	State	Zip	city REHOBOTH	State MA	Zip	
8. NAMES AND ADDRI  Director Name	ESSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
LAWRENCE POPK	IN		Director Name			
Street Address			Street Address			
199 RESERVOIR A	VENUE					
City	State	Zip	City	State	Zip	
REHOBOTH  Director Name	ЈМА	J02812				
izirteka Nume			Director Name			
Street Address			Street Address			
Сйу	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			100	COMMON	NO PAR VALUE	
This report must be exec	cuted on behalf of the	corporation by an author	orized representative. If the co	progration is in the hands	of a cassiver to	
this report must be exec	uted on behalf of the	corporation by the recei-	ver or trustee.	aportation is in the hands	or a receiver or trustee,	
			Under penalty of pe	rjury, I declare and affirm th	at I have examined this repor	
EIIE	<u> </u>		including any accor contained herein are	npanying schedules and state	ements, and that all statement	
File Date	.1.7		Contained herein are	true and correct.	2/12/2	
FFR 17	2009		James J-	3. A. XI	0413/05	
Check No.		_			j Daje	
By: By 013  FOR SECRETARY OF STATE USE ONLY			LAWRENCE POPKIN  Print or Type Name  DDESIDENT			
						PRESIDENT
			<del></del>			Title