

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

401.222.30

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 late (R.I.G.L. 7-1.2-1501(e&d)) is subject to a penalty fee of \$25.00

1. Corporate ID No.	2. Name of Corpor	ation				
21786	, ,	Roland, Inc.				
3. Street Address Principal Business Office 75 Oxford Street			Providence	State RI	02905	
4. Business Phone No. 5. State of Incorporate 401-781-1234						
6. Brief Description of the Character Inactive Jewelry Co 7. NAMES AND ADDRESSES President Name William J. Roland	ompany s of the offici		ACHMENT) FILL IN SPA		ATTACHMENTS	
Street Address 240 Col. John Gardner Road			Street Address 240 Col. John Gardner Road			
Narragansett	State RI	2/p	Narragansett	State	Zip	
Secretary Name None	.1	02882	Treasurer Name William J. Rolan	RI a II	02882	
Street Address			Street Address 240 Col. John Gardner Road			
City	State	Zip	Narragansett	State RI	02882	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None			TACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None			
Street Address			Street Address			
Giv	State	Zij)	Gţr	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
Gly	Stale	Zip	City	State	Zip	
9. SHARES AUTHORIZED	<u> </u>	I	10. SHARES ISSUED ("2 ISSUED SHARES - THIS SECTIO		IMENT)	
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.			Number of Shares	Class/Series	Par Value	
			0	0	0	
This report must be executed this report must be executed File Date Check No. By By	on behalf of the con behalf of the c	corporation by an authoriz orporation by the receiver	Under penalty of perjuincluding any accompactontained herein are the Signature William J. Role Print or Type Name	ry. I declare and affirm the nying schedules and state and correct.	of a receiver or trustee, nat I have examined this repements, and that all stateme 2/12/09 Date	
FOR SECRETARY OF ST.	ATE USE ONLY		President Title	<u> </u>	Form 630 Rev. 08/08	