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.	2. Name of Corporation			
13375	ERIKA + Co UNL. INC.			
3. Street Address Principal Business Office		City	State	Zip
258 LIBERTY STR.		PAWTUCKET	R.I.	02861
4. Business Phone No.	5. State of Incorporation			
401-726-6141	R.I.			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ERIKA FORSTER			PIROSHKA FORSTER PRICE		
Street Address			Street Address		
26 ELLENDALE Rd			26 ELLENDALE RI		
City	State	Zip	City	State	Zip
So-ATTL.	MA	02703	So-ATTL	MA	02703
Secretary Name			**Treasurer Name**		
PIROSHKA FORSTER PRICE			ERIKA FORSTER		
Street Address			Street Address		
26 ELLENDALE Rd.			26 ELLENDALE RI		
City	State	Zip	City	State	Zip
So-ATTL.	MA	02703	So-ATTL	MA	02703

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		0

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.

[redacted]

FILED
File Date FEB 17 2009
Check No. 3419
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Erika Forster 2-12-09
Signature *Date*

ERIKA FORSTER
Print or Type Name

PRES.
Title