

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street

Providence, Rt 02904-2615 401.222,3040

2009

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(c). each carporation 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.	κοτιτής τατό τασμοσατίου για	ang in regissing to juc us want	αα τεροίν απιτα τατιγ (507 ααβ αμε	The time presented by the first	.(/ -1.2-1 /01(()) 13
1 Corporate ID No 62786	2 Name of Corporation Mederick Music, Ltd.				
3 Street Address Principal Business Office 33 Winthrop Avenue			Cin. Providence	State RI	^{Zip} 02908
4. Business Phone No 401-331-8873 5. State of Incorporation RHODE ISLAND					
6 Brief Description of the Character of Music services	Business Conducted in Rh	ode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Mederick R. Bellaire			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name John Dunn		
Street Address 33 Winthrop Avenue			Street Address 33 Winthrop Avenue		
City Providence	State RI	<i>ир</i> 02908	City Providence	State RI	^{Zip} 02908
Secretary Name Charlene R. Machado-Bellaire			Treasurer Name Charlene R. Machado-Bellaire		
Sired Address 33 Winthrop Avenue			Street Address 33 Winthrop Avenue		
City Providence	State RI	^{Zip} 02908	City Providence	State RI	^{Zip} 02908
8. NAMES AND ADDRESSES (Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
Street Address			Street Address		
СИу	State	Zip	СИу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			Number of Shares	Class/Series	Par Value
			600	Common	No Par
This report must be executed of this report must be executed of				ration is in the hands of	a receiver or trustee.

File Date
FEB 1 7 2009
By 03/3
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	I have examined this report,
including any accompanying schedules and staten	nents, and that all statements
Contained herein are true and correct.	2/9/09
Signature	Dine /
Mederick R. Bellaire	
Print or Type Name	· · · · · · · · · · · · · · · · · · ·
President	
Title	