

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

Filing Period: January 1 - March 1 - Filing Food \$50,000 THIS DEPORT FOR THE YEAR 2009

1. Corporate II) No. 138347	Cross Re	2. Name of Corporation Cross Retail Ventures, Inc.				
3. Street Address Principal Business Office One Albion Road			City Lincoln	State RI	Zip 02865	
4. Business Phone No. 5. State of Incorporation 401-333-1200 Rhode Island			<u> </u>		102003	
6. Brief Description of the Cha To engage in the retail	racter of Business Cond sale of goods and	ucted in Rhode Island I services	*			
7. NAMES AND ADDRE President Name	SSES OF THE OF	TICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	G ATTACHMENTS	
Chad Mellen			Vice President Name Robin B. Dorman			
Street Address One Albion Road			Street Address			
Cin			One Albion Road			
Lincoln	Ri	02865	City Lincoln	State RI	<i>Zф</i> 02865	
Secretary Name Tina C. Benik			Treasurer Name Kevin F. Mahoney			
Street Address One Albion Road			Street Address One Albion Road			
incoln	State RI	^{Zip} 02865	City Lincoln	State RI	<i>Ζψ</i> 02865	
Chad Mellen	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT)	TACHMENT) T FILL I Director Name David G. Whalen	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address One Albion Road			Street Address One Albion Road			
in a cla	State	Zip	City	State	Zip	
_incoln Pirector Name	<u>J</u> RI	J 02865	Lincoln	Ri	02865	
Robin B. Dorman			: Director Name			
Street Address One Albion Road			Street Address			
ity Lincoln	State RI	Zip 02865	City	State	Zip	
. SHARES AUTHORIZE		102000	10. SHARES ISSUED ISSUED SHARES — THIS SE	("X" BOX FOR ATTAC CCTION <u>MUST</u> BE COMPLETED	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.			Number of Shares	Class/Series	Par Value	
			10,000,000	Common	\$0.001	
his report must be execu	ited on behalf of it	ne corporation by an authorize				

FILED
FEB 17 2009 Check No.
By 3727
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare as including any accompanying schedu contained herein are true and correct	nd affirm that I have examined this report, les aid statements, and that all statements
Signature	Date
Kevin F. Mahoney	
Print or Type Name	
Treasurer	
Title	
	Form 630 Rev. 08/08