

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

* 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). 401.222.3040

	2. Name of Corpo	ration	annual report within thirty (30) days	- Pristricea by	чим (К.І.С.L. 7-1.2-1501(с
16818	Den	Associates, Inc.			
3. Street Address Principal Busin	ess Office	nooctates, inc.			
1258 Elmwood Avenue			City	State	Zip
4. Business Phone No. 5. State of Incorporatio			Providence	RI	02907
(401) 785-1442		I			
S. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island		_	
			ng residential. [ACHMENT]		
resident Name	TO OF THE OFFICE	ERS: ("X" BOX FOR AT	ACHMENT) FILL IN SPA	CES REPORT TIONS	n itanian s
Raymond I Toma			Vice President Name	THE DETOKE USING	5 ATTACHMENTS
Raymond J. Tomasso Street Address			John P. Tomasso		
150 Lyndon Rd			Street Address		
City	10		85 Stamford Av	Δ.	
Cranston	State	Zip	City		
ecretary Name	RI	02905	Providence	State RI	Zip
			Treasurer Name	l	02907
Raymond A. Tomasso			John P. Tomasso		
			: Street Address		
85 Stamford Ave.			85 Stamford Ave.		
Providence	State	Zip	: City		
NAMES AND ADDRESS	RI	02907		State	Zip
rector Name	S OF THE DIRECT	ORS: ("X" BOX FOR AT	TACHMENT D FILL YOU	RI	02907
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SHARES AUTHORIZED	. Projekta	gellerwyd y y eu ei glyd.			1
	Million Control of the ge		10. SHARES ISSUED ("X"	BOX FOR ATTACH	 IMFNT3 □
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his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of astruction sheet.			Number of Shares	Class/Series	7
					Par Value
onoot,			100	Common	No Par
	<u>-</u>				
is report must be executed	on behalf of the co.	rnousti - 1			
report must be executed of	on behalf of the cor	poration by an authorized	I representative. If the corpora	ation is in the hands	
		poration by the receiver o	r trustee.	io in the hallds	or a receiver or trustee
			_		
	D		Under penalty of perjury,	I declare and affirm the	at I have even in 1.1.
FILE	D	7	Under penalty of perjury, including any accompany contained herein are true		at I have examined this rep