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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 2008

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			
81523	Chemical Light Technologies, Inc.			
3. Street Address Principal Business Office		City	State	Zip
5 Industrial Road		Cumberland	Rhode Island	02864
4. Business Phone No.	5. State of Incorporation			
800 528-5599	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
The design, manufacture and distribution of chemical lighting.				

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

President Name: Bogdan Nowak			Vice President Name:		
Street Address: 5 Industrial Road			Street Address:		
City: Cumberland	State: Rhode Island	Zip: 02864	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Bogdan Nowak			Director Name:		
Street Address: 5 Industrial Road			Street Address:		
City: Cumberland	State: Rhode Island	Zip: 02864	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2000	CNP	$0.00

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2000	CNP	$0.00
	THIS SECTION MUST BE COMPLETED	

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.
By: 30627
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.

[redacted] February 2, 2009
Signature *Date*

Bogdan Nowak
Print or Type Name

[redacted] President
Title

31254-19-348432

Form 630 Rev. 12/06