

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	<u>' </u>		and repair around only of (20) and a sign.	we time presentate by the	10.1, 0.1 / -1.2-1)01((0 u)) B
1. Corporate ID No. 15 49 60	2. Name of Corpor				<u> </u>
3. Street Address Principal Busin	iess Office		WANWICH	State 17I	7.ip 07889
4. Business Phone No. 40/ 739 - 8- 6. Brief Description of the Chara		5. State of Incorporation	1 00.7.000, 011	· · ·	
6. Brief Description of the Chara SE // MPAT	cter of Business Conducted iDAOClay cTS	l in Rhode Island NEVER 11	SE CONDONATION	an	
7. NAMES AND ADDRES. President Name	SES OF THE OFFICE	ERS: ("X" BOX FOR ATTA	SE CON PON ATTO CHMENT) FILL IN SPAC : Vice President Name	ES BEFORE USING A	ITACHMENTS
PHNISTOD NEN T SHEEHAN			DAWN SHEEHAN		
Street Address 46 Loc 41 HAVEN 720 City WAR WICH TI 096289			DACUN SHEEHAN Street Address 40 LCC HHAVEN 77D City State 77D WANWICH 17E 02889		
WARWICH	State P.J.	2.tp 09889	WANWICH	State 17I	2ip U2889
Secretary Name Nav			Treasurer Name		<i>\}</i> ;
Street Address		Street Address		2009	
City	State	Zip	City	State	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
Street Address			Nove		2 /4 /4/7
			Street Address		: DNG
City	State	Zip	City [,]	State	Zip 6
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED NON-			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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
			Nous		
This conset must be successful.			<u> </u>		
this report must be execut	ed on behalf of the c	corporation by an authorize orporation by the receiver of	ed representative. If the corpor or trustee.	ation is in the hands o	of a receiver or trustee,
	11:26				
	11.54		Under penalty of perjury	, I declare and affirm tha	t I have examined this report
including any accompanying schedules and statements, and that all state contained herein are true and correct. File Date					
Check No. FEB 19	2009 51	_	Signature Date		
By 178 3 dt			CHNISTUPKEN JOHN SHEEHAW Print or Type Name		
FOR SECRETARY OF	STATE USE ONLY		Pausident		
<u> </u>	·		Title		Form 630 Rev. 08/08