

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

401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(ctrd)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 75053		2. Name of Corporation R. Zoppo Corp				
3. Street Address Principal Business Office 160 Old Maple Street			Stoughton	State MA	020 7 2	
4. Business Phone No. 1-781-344-8822 5. State of Incorporation Massachusetts						
6. Brief Description of the Character To Engage In The Constru		cted in Rhode Island				
7. NAMES AND ADDRESSE	S OF THE OFFI	ICERS: ("X" BOX FOR ATTA	_	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
David Zoppo Street Address			: Street Address			
3 Preservation Way						
Medfield	State MA	^{Ζφ} 02052	City	State	Zip	
Secretary Name Richard Zoppo			Treasurer Name David Zoppo			
Street Address			Street Address 2 Proceduration May			
8 Wagon Road			3 Preservation Way			
Walpole	State MA	$egin{bmatrix} z_{i\nu} \ 02081 \end{bmatrix}$	Medfield	MA State	02052	
	S OF THE DIR	ECTORS: ("X" BOX FOR AT		IN SPACES BEFORE USII	NG ATTACHMENTS	
Director Name David Zoppo			Director Name			
Street Address			Street Address			
3 Preservation Way						
City	State	<i>Ζίφ</i>	City	State	Ζip	
Medfield Director Name	<u> </u>	02052	Director Name			
Richard Zoppo			in the state of th			
Street Address			Street Address			
8 Wagon Road						
City	State MA	<i>ир</i> 02081	City	State	Zip	
Walpole 9. SHARES AUTHORIZED	Livia	10200 ;	10 CHAPPE ISSUE	 TO	'HMENT) □	
y. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This is formation in an array of			Number of Shares	Class/Series	Par Value	
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.			2,000	common	\$.01	
			2,000	COMMISSION	V .01	
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this report must be executed	on bondin or a	to corporation of the root.				
			Under penalty o	of neriory. I declare and affirm	that I have examined this rep	
					tatements, and that all stateme	
			1/-	a are true indicarrect.		
File Date			1 Janu	acopo	<u>/</u>	
Chatter			Signature	1 0	Date	
"FEB 1 7 2009			David Zop	•	02/12/09	
Bo 6201	<u>, </u>		Print or Type Na	ime		
FOR SECRETARY OF S	TATE LISE ONLY		President			
TOR SECRETARY OF S	LIL COS ONLI		Title		Form 630 Rev 08/08	