

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 2009 401.222.30 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 benefit for al \$25.00

subject to a penalty fee of \$25.00.			, y (= -),, -	· ···· sime preservotu oy u	w (R.I.G.L. /-1.2-1501(RTa)) is
1. Corporate ID No. 4/72 3	2. Name of Corporation	"			
3. Street Address Principal Business	J DEAN C	AND COMPI	4~y		
23 THIRTEE	UTH AVEN		City WARWICK	State RI	02886
4. Business Phone No. (401) 739 -	4354	5. State of Incorporation RT	:		
6. Brief Description of the Character	of Business Conducted in	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
RAYMOND A.	<u> </u>		Vice President Name		
23 THIRTEENTH AVENUE			Street Address Ourny		
City State Zu			5 BEACH PARK AVENUE		
WARWICK Secretary Name	State RI	^{zφ} 02886	City WARWICK	State RI	02886
LISA D. CURRY			Treusurer Name JOHN R. DE CESARE		
Street Address 5 BEACH PARK AVENUE			6 LESLIN LANE		
MARINGE	State RT	Zip 2886	City	State UAA	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	: →ANOW(CH FACHMENT) □ FILL IN SPA	IVIH CES BEFORE USING	02563
All OF The OPOLE OLICE					
Street Address	-ove jiw.		NANCY G. Street Address	LE CESAR	
City:	State	Ζψ	23 THIRTEENT	H AVENUE	
Director Name]		WARWICK	State RI	02886
			Director Name		
Street Address			Street Address		
City	State	20			
•	Sittle	Zip 	City	State	Ζψ
9. SHARES AUTHORIZED		•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			4000		NERR
This report must be executed	on behalf of the corp	ocration by an authorize	d representative. If the corporation	ation is in the hands	of a receiver or trustee
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.		
			Under penalty of periory	I declare and affirm th	at I have examined this repor
FILED)	1	including any accompany contained herein are true	IRE Schedules and state	at I have examined this report ements, and that all statemen
File Date _ FEB 1 8 200		D m.	Dome De Gase 16 FEB09		
Check No. By			Signature		
Ву:			Ppm or Type Name		
FOR SECRETARY OF STAT	TE USE ONLY		PRESIDEN	Τ	
	······	I	Title		