RI SOS Filing Number: 200942543850 Date: 02/18/2009 4:00 PM

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 2009

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
11870	K. GOTTFRIED, INC.

3. Street Address Principal Business Office	City	State	Zip
558 Mineral Spring Avenue, Suite 103	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
401-335-3007	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Importer and Wholesaler

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

President Name	Vice President Name
Mayda Gottfried Abrams	Mayda Gottfried Abrams
Street Address	Street Address
37 Birch Drive	37 Birch Drive
City / State / Zip	City / State / Zip
Katonah / NY / 10536	Katonah / NY / 10536
Secretary Name	Treasurer Name
Umesh Bhasin	Mayda Gottfried Abrams
Street Address	Street Address
558 Mineral Spring Avenue, Suite 103	37 Birch Drive
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	Katonah / NY / 10536

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

Director Name	Director Name
Mayda Gottfried Abrams	
Street Address	Street Address
37 Birch Drive	
City / State / Zip	City / State / Zip
Katonah / NY / 10536	
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
600	Common	No Par Value

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

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50 shs	Common	No Par Value

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 18 2009
Check No. By 6287
By:
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.

Signature — *Date* 1/6/09

Umesh Bhasin
Print or Type Name

[redacted] Secretary
Title