

A. Ralph Mollis, Secretary of State Corporations Division 1-18 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 '4 • 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(ec/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 146061	2. Name of Cor Easy RV C	2. Name of Corporation Easy RV Outlet Sales & Service, Inc.					
		k Ave	Smithfield Cospess	State RI	2年 02917 のよりより		
4. Business Phone No. (401) 349-0470 9/15 c. 10/1-225-70 8 c Rhode Island				<u> </u>			
6. Brief Description of the Char Sale of Recreational Ve	racter of Business Condu ehicles	cted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Samuel S. Miller Street Address 1414 Park Avenue			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name None Street Address				
						City Cranston	State RI
Secretary Name Samuel S. Miller			Treasurer Name Samuel S. Miller				
Street Address 1414 Park Avenue			Street Address 1414 Park Avenue				
City Cranston	State RI	^{Zip} 02920	^{City} Cranston	State RI	^{Zip} 02920		
8. NAMES AND ADDRES Director Name None	SSES OF THE DIRE	CTORS: ("X" BOX FOR A	TTACHMENT) FILL IN S	SPACES BEFORE USIN	NG ATTACHMENTS		
Street Address			Street Address				
Сііу	State	Zip	СИУ	State	Zip		
Director Name	••••••	·····J.	Director Name				
Street Address			Street Address				
City	State	Zip	City:	State	Zip		
9. SHARES AUTHORIZE	D I	I	: 10. SHARES ISSUED (ISSUED SHARES — THIS SECT				
This information is curre	ently of record in th	e Office of the Secretary of		Class/Series	Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par Value		
This report must be executhis report must be execution	uted on behalf of the ted on behalf of the	e corporation by an authorize corporation by the receiver	zed representative. If the corr or trustee.	poration is in the hand	s of a receiver or trustee,		

File Date	FILED
Check No.	FFR 4 A AMA
Bv:	FEB 18 2009
1	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report
ncluding any accompanying schedules and statements, and that all statement
contained herein are true and correct.
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Soul Min	2/13/09	
Signature	Date	
Samuel S. Miller		

Print or Type Name

President

Title