



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  
401.222.3010

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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.<br>000086163                                                                                                                                                                     |                       | 2. Name of Corporation<br>PLC Holdings, Inc. |                                                                     |                       |              |
| 3. Street Address Principal Business Office<br>P.O. Box 8855                                                                                                                                         |                       |                                              | City<br>Cranston                                                    | State<br>Rhode Island | Zip<br>02920 |
| 4. Business Phone No.<br>401 946-4600                                                                                                                                                                |                       | 5. State of Incorporation<br>Rhode Island    |                                                                     |                       |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To own, build upon, develop, alter, repair, sell, rent, lease and other generally deal w/ real and personal property. |                       |                                              |                                                                     |                       |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                    |                       |                                              |                                                                     |                       |              |
| President Name<br>Christopher P. Tasca                                                                                                                                                               |                       |                                              | Vice President Name<br>James Procaccianti                           |                       |              |
| Street Address<br>P.O. Box 8855                                                                                                                                                                      |                       |                                              | Street Address<br>1140 Reservoir Avenue                             |                       |              |
| City<br>Cranston                                                                                                                                                                                     | State<br>Rhode Island | Zip<br>02920                                 | City<br>Cranston                                                    | State<br>Rhode Island | Zip<br>02920 |
| Secretary Name<br>Christopher P. Tasca                                                                                                                                                               |                       |                                              | Treasurer Name<br>Christopher P. Tasca                              |                       |              |
| Street Address<br>Same as above.                                                                                                                                                                     |                       |                                              | Street Address<br>Same as above.                                    |                       |              |
| City                                                                                                                                                                                                 | State                 | Zip                                          | City                                                                | State                 | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                   |                       |                                              |                                                                     |                       |              |
| Director Name<br>Christopher P. Tasca                                                                                                                                                                |                       |                                              | Director Name                                                       |                       |              |
| Street Address<br>P.O. Box 8855                                                                                                                                                                      |                       |                                              | Street Address                                                      |                       |              |
| City<br>Cranston                                                                                                                                                                                     | State<br>Rhode Island | Zip<br>02920                                 | City                                                                | State                 | Zip          |
| Director Name                                                                                                                                                                                        |                       |                                              | Director Name                                                       |                       |              |
| Street Address                                                                                                                                                                                       |                       |                                              | Street Address                                                      |                       |              |
| City                                                                                                                                                                                                 | State                 | Zip                                          | City                                                                | State                 | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                                                               |                       |                                              | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                       |              |
| AUTHORIZED SHARES                                                                                                                                                                                    |                       |                                              | ISSUED SHARES -- THIS SECTION MUST BE COMPLETED                     |                       |              |
| Number of Shares                                                                                                                                                                                     | Class/Series          | Par Value                                    | Number of Shares                                                    | Class/Series          | Par Value    |
| 8,000                                                                                                                                                                                                | CWP                   | \$1.00                                       | 200                                                                 | CWP                   | \$1.00       |
|                                                                                                                                                                                                      |                       |                                              |                                                                     |                       |              |

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.

File Date  
**FILED**  
Check No.  
**FEB 18 2009**  
By  
By **4884**  
FOR SECRETARY'S USE ONLY

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  
**Christopher P. Tasca**  
Print or Type Name  
President  
Title

Date  
**2/14/09**