

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. 7-1.2-1901(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(cc/d)) is

subject to a penalty fee of \$25.00.	-				
1. Corporate ID No. 12017	2. Name of Corporation	MONEYWATCH I	1		
3. Street Address Principal Business Office 400 Reservoir Avenue Suite 3L			Providence	State RI	02907
4. Business Phone No. 5. State of Incorporation (401) 941 2020 RI		HODE ISLAND			
6. Brief Description of the Character of To provide services and pro	ducts relating to per	sonal and business fin		_	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	_	ACES BEFORE USING A	TTACHMENTS
Anthony A. Coia			Vice President Name NONE		
Street Address 400 Reservoir Avenue Suite 3L			Street Address		<u>_</u>
Providence	State RI	02907	City	State	Zip
Secretary Name Beverly F. Coia			Treasurer Name Anthony A. Coia		
Street Address 400 Reservoir Avenue Suite 3L			Street Address 400 Reservoir Avenue Suite 3L		
Providence	State RI	^{Ζφ} 02907	Providence	State RI	^{Ζip} 02907
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) [FILL IN S	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Anthony A. Coia			Beverly F. Coia		
Street Address 400 Reservoir Avenue Suite 3L			Street Address 400 Reservoir Avenue Suite 3L		
CHŷ	State	Zip	Cuy	State	Zip
Providence	RI	02907	: Providence	RI	02907
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 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. This report must be executed on behalf of the corporation by an authorized.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			20	NONE	NONE
			d	mountion in in the heart	of a receiver on the
this report must be executed this report must be executed or				poration is in the nands	of a receiver of trustee,
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			I ladou popolity of pop	ium. I daylama and affirms th	at I have examined this repor
					ements, and that all statement
		1	contained hergin are		1 1
File Date			Then	Main.	2/17/09
PILED			Signature	1	Date
Check No FEB 1 8 2009			Anthony A. Coia		
By: By			Print or Type Name	100	
			President		
FOR SECRE PARY OF STA	TE USE ONLY				
		J	Title		Form 630 Rev. 08/08