

1. Corporate ID No. 7

2,009

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

2. Name of Corporation

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.  16 0 7 4  3. Street Address Princip	2. Name of Corpora  Migur  al Business Office		F10085 11V		
JI LOU/ Business Phone No.	1NOPS 5+	5 State of terror	NewPor	t State RI	02840
		5. State of Incorporation			
Har	DRESSES OF THE OFFICE	105115 5HM	CHMENT)   FILL IN S	ReFinish paces before using	
meet Address			Sireei Address		
Street Address  11 LowIVdes St  City NewPort State RI Zip 028412					
NPWF	Post NI	02840	City	State	Zip
ecretary Name			Treasurer Name	***************************************	
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
3. NAMES AND AD Director Name	DRESSES OF THE DIRECT	ORS: ("X" BOX FOR AT	Director Name	SPACES BEFORE USIN	 G ATTACHMENTS
Sired Audress		Street Address			
City	State	Zip	City ·	State	Z19 3
Director Name	***************************************		Director Name		N 2
Street Address			Street Address		
ity	State	Zip	Сиу	State	Zup
. SHARES AUTHO	RIZED	<b>!</b>	•	 <i>("X" BOX FOR ATTACI</i> TION <u>MUST</u> 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
			None		
This report must be this report must be to	executed on behalf of the coexecuted on behalf of the co	orporation by an authorize orporation by the receiver	ed representative. If the coor trustee.	rporation is in the hand:	s of a receiver or trustee,
	FILED		Under penalty of pe	rjury, I declare and affirm t	hat I have examined this repo
File Date FEB 2 0 2009			including any accompanying schedules and statements, and that all stateme contained herein are true and correct.  Diffuel A- Oliva 2-20-6 Signature  Date		
Check No. BY			Signature 17191	10/ A. O.	Date LiVG
Ву:	kmc	-	Print or Type Name		
	ARY OF STATE USE ONLY	1			