



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. 9572		2. Name of Corporation Franklyn Cook, Inc.			
3. Street Address Principal Business Office 1525 Old Louisquisset Pike, Suite B-104		City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-729-0100		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General public relations and fundraising business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Franklyn T. Cook			Vice President Name Roberta C. Cook		
Street Address 1525 Old Louisquisset Pike, Suite B-104			Street Address 1525 Old Louisquisset Pike, Suite B-104		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Franklyn T. Cook			Treasurer Name Franklyn T. Cook		
Street Address 1525 Old Louisquisset Pike, Suite B-104			Street Address 1525 Old Louisquisset Pike, Suite B-104		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Franklyn T. Cook			Director Name Jane A. McDermott		
Street Address 1525 Old Louisquisset Pike, Suite B-104			Street Address 1525 Old Louisquisset Pike, Suite B-104		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 Common No Par			100	Common	No Par

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 19 2009**
By **323**
FOR SECRETARY OF STATE 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 Franklyn T. Cook Date 1-23-09
Print or Type Name
President
Title