



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 02904-2611
401.222.3044

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. 298985
2. Name of Corporation TeePee, Inc.

3. Street Address Principal Business Office 1601R Mineral Spring Avenue
City North Providence State RI Zip 02911

4. Business Phone No.
5. State of Incorporation Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Thomas Joseph Polselli, Sr.
Vice President Name Thomas Joseph Polselli, Sr.

Street Address 1 Maryann Court
City North Providence State RI Zip 02904
Secretary Name Thomas Joseph Polselli, Sr.
Treasurer Name Thomas Joseph Polselli, Sr.

Street Address 1 Maryann Court
City North Providence State RI Zip 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Thomas Joseph Polselli, Sr.
Director Name Doreen Vittorio

Street Address 1 Maryann Court
City North Providence State RI Zip 02904

Director Name
Street Address
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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
3,000	Common	\$0.01

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.

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 Thomas Joseph Polselli, Sr.
Date 1/14/09
Print or Type Name Thomas Joseph Polselli, Sr.
Title President

FILED
File Date FEB 20 2009
Check No.
By 16082
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