

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

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 subject to a penalty fee of \$25.00.	2-1501(e), each corporat	ion failing or refusing to file its an	nual report within thirty (30) days	s after the time prescribed by ia	w (R.I.G.L. /-1.2-1501(c@a)) is	
1. Corporate ID No.	2. Name of Corpore	ation		<u> </u>		
143990	WINSON	Brothers I	NC.			
3. Street Address Principal Busines	s Office	•	City	State	Zip	
375 WAMP	ANCAG	11911	EAST TOUNG	NE RI	02915	
4. Business Phone No.	6	5. State of Incorporation				
(401) 435-L		Rhope	ISIAUD			
6. Brief Description of the Charact	er of Business Conducted	a in knode istand				
7. NAMES AND ADDRESS! President Name			ACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
71 FENNER F						
City	State	Zip	City	State	Zip	
KINGLE IDE	1107	102915	The course Name			
Secretary Name			Treasurer Name	/   /		
Street Address	Street Address					
Silver Audress			Street Address			
City	State	Zip	City	State	Zip	
- eery	1	,			-	
8. NAMES AND ADDRESS	ES OF THE DIREC	TORS: ("X" BOX FOR AT	TACHMENT)   FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS	
Director Name		•	Director Name			
Street Address	S-1112			Street Address		
Street Address			3/101/100/00			
City	/ State	Zip	City	State	Zip	
		Z.ip		NA		
Director Name	4f.:Y		Director Name	! <u></u> f <del>.</del> f		
Director Name	,		i partitor ritante	,		
Street Address			Street Address			
OFFECT FEMALES						
City	State	Zip	City	State	Zip	
	1		•			
9. SHARES AUTHORIZED & OGO			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is curren	atly of record in the	Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of			l l			
instruction sheet.			8,000	STK	<u> </u>	
<u> </u>						
This report must be execu	ted on behalf of the	corporation by an authori	zed representative. If the c	orporation is in the han	ds of a receiver or trustee,	
this report must be execut	ed on behalf of the	corporation by the receive	r or trustee.			
<del></del>			Under penalty of p	perjury, I declare and affirm	that I have examined this repo	
			including any acco	ompanying schedules and s	tatements, and that all statemen	
FILEL			contained herein a	re true and correct.	1 1	
File Date	າດດ		Kull.	Nille	2/18/09	
File Date FEB 2 0 20	) )		Signature		Date	
Check No.	3,4		Q	Wilson		
By /0			Print or Type Name			
Ву:		<u> </u>				
FOR SECRETARY OF	F STATE USE ONLY		<u>Kiezrogy</u>	3+		
			Title		Form 630 Rev. 08/08	