

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.

subject to a penalty fee of \$25	5. /-1.2-1501(e), each corporat 5.00.	ion failing or refusing to file its a	nnual report within thirty (30)	days after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No.	2. Name of Corpore	ation	Rose	2 - 1 1	
3. Street Address Principal B	usiness Office	INCONE 5	City 5	)/// State	70
4 Business Phone No.	MERAL SPR	2. AVE.	N. Provide	nce RI	24 2904
1401 231.		5. State of Incorporation	J.	"	
6 Brief Description of the Ch	paracter of Business Conducted	in Rhode Island Serve	FUCA & BC	VERAGES & Dr	uvide:
7. NAMES AND ADDR	ESSES OF THE OFFICE	CRS: ("X" BOX FOR ATT	·	, ,	A Probate Course
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA  President stame    Chi - 2   A Zincon See  Street Address			Vice President Name		
			Street Address		
lete Why	OPIE 1418		Street Address		
WAKWICK	State R T	(2) XXY	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Sireet Address		
			SHEEL MANTESS		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRI	esses of the direct	ORS: ("X" BOX FOR AT	: <i>TACHMENT)</i>	 N SPACES BEFORE USIN	 G ATTACHMENTS A A ✓ △
Director statute			Director Name 25		
Street Address			Street Address		
City	State	Zip	City		
			City.	State	<sup>Zip</sup> 23
Director Name Street Address			Director Name		P
			Street Address		<u> </u>
City	State	Zip	City	To.	- <b>- - - - - - - - - -</b>
a citabre assessment			City	State	Zip N
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED	("X" BOX FOR ATTACE	HMENT)
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	CTION MUST BE COMPLETED  Class/Series	Par Value
			$\wedge$		
madadion shot.					
This report must be aver	outed as but 15 cm				
this report must be exec	uted on behalf of the co	orporation by an authorize rporation by the receiver (	d representative. If the correction	corporation is in the hands	of a receiver or trustee,
			including any acco	impanying schedules and stat	nat I have examined this report, ements, and that all statements
File Date	LED		contained herein a	re true and correct.	
Ern -	- <b>EU</b>		Signoture Signoture	<u>Lijncone Sr</u>	2/20/09 Park
Check NoFEB_2	3,2009		Michael	A Zinain	5 C
Ву: Ву	148/1071		Print or Type Name		- V/C
FOR SECRETARY C	STATE USE ONLY		- CUNER	2	