

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence. RI 02904-2615

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.I. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thin. (20) January 1.

401.222.3040

subject to a penalty fee of \$25.00.		n jaiung or rejusing to file its d	nnual report within thirty (30) day	s after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 137470	2. Name of Corporate	1	Vorks TNO		
3. Street Address Principal Business	ouse Roa	cd	North Scitu	ate State IR T	02857
4. Business Phone No.	0709	5. State of Incorporation	Phode Isl	and.	102137
6. Brief Description of the Character					
7. NAMES AND ADDRESSES President Name	11	,	ACHMENT)   FILL IN SE	PACES BEFORE USING	ATTACHMENTS
Street Address Physics Broad Street Address			Street Address		
M-H G-1	State D	Zip	Rutland	1 House	Ro on Z
Secretary Name		102957	NoFth Scitua	RI RI	02857
Street Address			Street Address		
Cuy	State	Zψ	City	State	72
8. NAMES AND ADDRESSES	OF THE DIRECTO	 RS:	TACHMENT)   FILL IN 6		Ζψ
Director Name			[ACHMENT]   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City:	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST 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
			9 NONE		
This report must be executed on behalf of the corporation by an authorized this report must be executed on behalf of the corporation by the receiver of					
this report must be executed o	n behalf of the corp	oration by an authorized oration by the receiver of	d representative. If the corp or trustee.	oration is in the hands o	f a receiver or trustee,
			Under penalty of perju	ry, I declare and affirm that	I have examined this report,
File Date 2-23	-19	}	contained herein are tr	anying schedules and staten	nents, and that all statements
Check No 265	7		Signature	Kf01ass_	2-20-2009
By:	mc,		Debra T. Morais		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name  President		
			Title		