

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 2009 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. 7-1.2-15 subject to a penalty fee of \$25.00.	01(e), each corporation fair	ing or refusing to file its annua	ıl report within thirty (30) days after ti	he time prescribed by law (R.I.	G.L. 7-1.2-1501(c&d)) u	
L. Corporate ID No.	2. Name of Corporation					
11299	GLOCESTER SIGN COMPANY, INC.					
3. Street Address Principal Business Off			City	State	Zip	
45 Pound Road			Glocester	RI	02814	
4. Business Phone No. 5. State of Incorporation			· · · · · · · · · · · · · · · · · · ·			
(10,7,000 100)			Rhode Island			
6. Brief Description of the Character of Designing, Cor Sale/maintenan 7. NAMES AND ADDRESSES	Business Conducted in Rh Istruction, ce/instilla OF THE OFFICERS:	ode Island Painting, Ir tion of wood ("X" BOX FOR ATTAC		rvicing Signs Relat S BEFORE USING ATT	s and ted Products CHMENTS	
President Name			Vice President Name			
John P. Devine			Carol A. Gerold			
Street Address			Street Address			
45 Pound Road			121 Danielson Pike			
City -	State	Zip	City	State	Zip	
Glocester	RI	02814	Foster	RI	02825	
Secretary Name	·····		Treasurer Name	***************************************	***************************************	
Carol A. Gerol	ld		Carol A. Gerold			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address			
121 Danielson	Pike		121 Danielson Pike			
City	State	Zip	City	State	Zip	
Foster	RI	02825	Foster	RI	02825	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	A <i>chment)</i> 📋 fill in spac	CES BEFORE USING AT	TACHMENTS	
Director Name			Director Name			
N/A						
Street Address			Street Address			
City	State	Zip	City'	State	Zip	
<u> </u>						
Director Name			Director Name			
			*			
Street Address			Street Address			
City	State	Ζφ	City	State	Zip	
9. SHARES AUTHORIZED	•		10. SHARES ISSUED ("X"	BOX FOR ATTACHM	ENT)	
600 NO PAR VA	LUE		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	
			100	COMMON	NO PAR VALU	
				1		
	4 4 4 4 4 4 4		1	The first of the first	<u> </u>	
This report must be executed this report must be executed			ed representative. If the corpor or trustee.	ration is in the hands of	a receiver or trustee,	

File Date FILED	
Check NEB 2 3 2009	
By By 293	
FOR SECRETARY OF STATI	USE ONLY

including any accompanying schedules	
contained herein are true and correct	poine 2/6/09
Signature	Date
John P. Davine	
Print or Type Name	
Président	
Title	