

File Date \_\_

Check No.

FEB 2 4 2009

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stre

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2.009

Providence, RI 02904-261 401.222.304

Filing Period: January 1 - 1 In accordance with R.I.G.L. 7-1.2- ubject to a penalty fee of \$25.00.	March 1 • Filin -1501(e), each corpo	g Fee: \$50.00* • THIS REPO oration failing or refusing to file its at	ORT MUST BE TYPED nnual report within thirty (30)	OR PRINTED LEGIBLY days after the time prescribed by	' IN BLACK INK. law (R.I.G.L. 7-1.2-1501(c&d)) is
I. Corporate ID No.  16955	2. Name of Cor	POPULATION TNC.			
3. Street Address Principal Business 500 PUNK				N State	02878
4. Business Phone No. 451 - 62 9	1-309	5TNECT ROAL  5. State of Incorporation  RHOD	E ISLAN	UD	
5. Brief Description of the Character	of Business Condu	cted in Rhode Island			<u></u>
7. NAMES AND ADDRESSES *President Name			1 Was Donald Louis Million		
Street Address	E	LEONARD	RUTH	C. LEON	ARA
500 PUN.	KATEE	LEONARP ST NECT R	Street Address  505 Fer	NATZESS	NEGG RA
T) UERTON	State RL	02818	City	State	Zip
Secretary Name  WONE			Treasurer Name COUE		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
3. NAMES AND ADDRESSES Director Name  CELILE Street Address  DOO PUN	HATE	CTORS: ("X" BOX FOR AT	TACHMENT)   FILL I  Director Name  RUTF  Street Address  DO POO	N SPACES BEFORE USING  C- LEC  NKM 3887	NG ATTACHMENTS  ON BRI  UECS ROAD
T (VERTOD)	State	02878	City プランミスタウム	State	02878
Streets Haine			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED	! _PBR	VALUE	10. SHARES ISSUED ISSUED SHARES — THIS SI	O ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	HMENT) TO DAT
This information is currently	of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. Sec Section 9 of instruction sheet.					
This report must be executed his report must be executed of	on behalf of the	e corporation by an authorize corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ls of a receiver or trustee,

contained herein are true and correct
Cerif E. Theonor 2/20/0
Signature Date
LECIL E. LEONAAD
Print or Type Name
PRESIDENT
Title
Form 630 Rev. 08/08

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statemen