

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
G 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>4009</u>

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

7. NAMES AND ADDRESSES	of the officers:	("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
			Vice President Name		
Street Address 12 Martin Street			Street Address		
East Providence	State RI	Zip 02914	Сйу	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP. Director Name	ACES BEFORE USING	ATTACHMENTS
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
			100	Common	No Par Valve

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED			
File Date	FEB 2 4 2009			
Check No By:	By 1000			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem contained herein are true and contained herein are true are true and contained herein are true and are true are true and are true are tru	-
Jan 7 Marca	2-22-09
Signature	Date
James F Moreau	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08