

A. Ralph Mollis, Secretary of Stat Corporations Division 148 W. River Stree

Providence, RI 02904-261

401.222.3040

## 2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PE

| d Street Address Principal Busine<br>400 Reservoir Ave, St   | ss Office  |   |   |   |                    |
|--|--|---|---|---|--------------------|
| 3. Street Address Principal Business Office<br>400 Reservoir Ave, Ste 3B   |  |   | City-<br>Providence                       | State<br>RI   | Ζip<br>02907       |
| 4. Business Phone No. 5. State of Incorporation <b>PI</b>  |  | <del></del>                             |   | 02007   |                    |
| Brief Description of the Charact<br>Practice of law  | ter of Business Condi                            | icted in Rhode Island                   |   |   |                    |
| NAMES AND ADDRESS resident Name Scott J. Summer  | ES OF THE OFF                                    | ICERS: ("X" BOX FOR ATTA                | CHMENT)  FILL IN Vice President Name      | SPACES BEFORE USING                                   | G ATTACHMENTS      |
| Street Address<br>400 Reservoir Ave, Ste 3A  |  |   | Street Address                            |   |                    |
| City<br>Providence   | State<br>RI                                      | Ζφ<br>02907                             | City                                      | State   | Zip                |
| Secretary Name   | *****************                                | *************************************** | Treasurer Name                            |   |                    |
| treet Address  |  |   | Street Address                            |   |                    |
| Üty  | State  | Zip                                     | City                                      | State   | Ztp                |
| 3. NAMES AND ADDRESSI Director Name  | ES OF THE DIRE                                   | ECTORS: ("X" BOX FOR ATT                | : (ACHMENT)  FILL I Director Name         | <br>N SPACES BEFORE USIN                              | <br>NG ATTACHMENTS |
| treet Address  |  |   | Street Address                            |   |                    |
| Tity .   | State  | Zip                                     | City                                      | State   | Zip                |
| Sirector Name  | · · · · Je : · · · · · · · · · · · · · · · · · · |   | Director Name                             |   |                    |
| treet Address  |  |   | Street Address                            |   |                    |
| ity  | State  | Zip                                     | City                                      | State   | Zip                |
| SHARES AUTHORIZED  | ·  | l<br>                                   | 10. SHARES ISSUED ISSUED SHARES — THIS SE | ("X" BOX FOR ATTAC<br>CCTION <u>MUST</u> BE COMPLETED | <br>HMENT)         |
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Title

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| Under now Alternative I. I. I.         |  |
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| including any accompanying schedules   | affirm that I have examined this report, and statements, and that all statements |
| contained herein are true and correct. | /   state that all statements  |
| / Call                                 | 1  |
| Signature                              | Date /   |
| Scott J. Summer                        | 2/20/09  |
| Print or Type Name                     |  |
| President                              |  |