

A. Ralph Mollis, Secretary of State Corporations Division

Form 630 Rev. 08/08

148 W. River Street Providence, RI 02904-2615

401.222.3040

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.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccrd)) is subject to a penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 157156 American Merchandising Specialists, Inc. 3. Street Address Principal Business Office City 177 Barley Park Lane State Zio Mooresville NC 4. Business Phone No. 28115 5. State of Incorporation 704-235-0144 North Carolina 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  $\Box$  FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Stephen R. Nozet Susan K. Nozet Street Address Street Address 177 Barley Park Lane 177 Barley Park Lane City State Mooresville NC State 28115 Zψ Mooresville Secretary Name NC 28115 Treasurer Name Susan K. Nozet Stephen R. Nozet Street Address Street Address 177 Barley Park Lane 177 Barley Park Lane City State ZipCity Mooresville State NC 28115 Mooresville 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Stephen R. Nozet Susan K. Nozet Street Address Street Address 177 Barley Park Lane 177 Barley Park Lane State Zip Cin Mooresville State NC Ζip 28115 Mooresville Director Name NC 28115 Director Name Street Address Street Address State Zip City State Zip9. 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 Number of Shares State. Changes require an additional filing. See Section 9 of Class/Series Par Value instruction sheet. 10,000 Common No Par Value

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.

File Dule 2-23-09	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No. 40183	Signature Di Nome vice 2/20/09
By:MMC)	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	General Ledger Manager
RI200 - 09/16/2008 C T System Online	<i>y</i>