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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
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. 7-1.2-1501(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(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
19364	ZELLER RESEARCH LTD.			
3. Street Address Principal Business Office		City	State	Zip
500 WOOD STREET		BRISTOL	RI	02809
4. Business Phone No.	5. State of Incorporation			
401-254-0270	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
RESEARCH

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
RAYMOND T. ZELLER			RAYMOND T. ZELLER, SR.		
Street Address			Street Address		
500 WOOD STREET			88 MOURNING DOVE DRIVE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	NORTH KINGSTOWN	RI	02852
Secretary Name			Treasurer Name		
RAYMOND T. ZELLER			RAYMOND T. ZELLER		
Street Address			Street Address		
500 WOOD STREET			500 WOOD STREET		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
RAYMOND T. ZELLER			RAYMOND T. ZELLER, SR.		
Street Address			Street Address		
500 WOOD STREET			88 MOURNING DOVE DRIVE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	NORTH KINSTOWN	RI	02852
Director Name			Director Name		
KATHLEEN R. ZELLER					
Street Address			Street Address		
6026 YELLOW ROCK TRAIL					
City	State	Zip	City	State	Zip
DALLAS	TX	74548			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	COMMON	NO PAR

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.

[redacted] [redacted]

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.

Raymond T. Zeller 2/19/09
Signature *Date*

RAYMOND T. ZELLER
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date FEB 24 2009
Check No.
By: By 10033

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Form 630 Rev. 12/06

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