



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

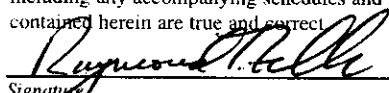
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 19364		2. Name of Corporation ZELLER RESEARCH LTD.			
3. Street Address Principal Business Office 500 WOOD STREET			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 401-254-0270		5. State of Incorporation 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 RAYMOND T. ZELLER			Vice President Name RAYMOND T. ZELLER, SR.		
Street Address 500 WOOD STREET			Street Address 88 MOURNING DOVE DRIVE		
City BRISTOL	State RI	Zip 02809	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name RAYMOND T. ZELLER			Treasurer Name RAYMOND T. ZELLER		
Street Address 500 WOOD STREET			Street Address 500 WOOD STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RAYMOND T. ZELLER			Director Name RAYMOND T. ZELLER, SR.		
Street Address 500 WOOD STREET			Street Address 88 MOURNING DOVE DRIVE		
City BRISTOL	State RI	Zip 02809	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name KATHLEEN R. ZELLER			Director Name		
Street Address 6026 YELLOW ROCK TRAIL			Street Address		
City DALLAS	State TX	Zip 74548	City	State	Zip
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.

FILED	
File Date	FEB 24 2009
Check No.	
By	10033
FOR SECRETARY OF STATE USE ONLY	

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.


Signature
RAYMOND T. ZELLER
Print or Type Name
PRESIDENT
Title