

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 R1G1 7.1.2.150163 and accordance with R1G1 7.1.2.150163.

in accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	.2-1501(e), each corporation	failing or refusing to file its	annual report within thirty (30)	days after the time prescribed l	LY IN BLACK INK. by law (R.L.G.L. 7-1.2-15010)
15.1155	2 Name of Corporation	"	cods, Inc.		
3. Street Address Principal Busine 1560Chopn 4. Business Phone No.	DISE HILL	Rd.	"Scitua to	State:	<sup>z</sup> v 12857
401-447-1 Brief Description of the Charact	838	R NOC	le Islan	d	
WILLER	IS TOO	1) (-+1)	outor		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT.  President Name  FRECEVICE FOR V  Street Library			Vice President Name		
1560 Chapmist Hill Rd			Street Address		
Satuate Name	RI	CS850	City	State	Zip
reel Address			Treasurer Name	***************************************	
(y:			Street Address		
	State	Zip	City	State	Zip
NAMES AND ADDRESSES Fector Name	S OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) [] FILL IS  Director Name	N SPACES BEFORE USI	 NG ATTACHMENTS
eet Address			Street Address		
	State	Ζιр	City	State	Zip
ector Name		***************************************	Director Name		
treet Address			Street Address		
	State	Zφ	City	State	Zip
SHARES AUTHORIZED	•		10. SHARES ISSUED ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC TION MUST BE COMPLETED	HMENT)
his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Cluss Series	Par Value
is report must be executed or report must be executed or	on behalf of the corpor	ration by an authorized ation by the receiver o	I representative. If the cor trustee.	rporation is in the hand	s of a receiver or trustee

File Date	FILED
Check No.	EB <b>2 4</b> 2009
By By	523
FC	R SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I have examined this repor-
	including any accompanying schedules and statemakes and the all
	contained herein are true and correct.
	1-14-119
	Signature Dute
1	// 050 55
	Print or Type Name
_	Z1
	PRESIDENT
	Tiele

Form 630 Rev. 08/08