

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Form 630 Rev. 08/08

Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30.

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(cb'd)) is white to a period. 401.222.3040

1. Corporate ID No.	2. Name of Conferral	ion,	^		(ici.di.z.: /-1.2-1 )01(cc/a)) 15
3. Street Address Principal Busines	s Office	N Day	Luto Sales	Ire.	
4. Business Phone No.		5+·	Waren	State L	2ip 02885-
245	0333	5. State of Incorporation	D. Dolano	1	1-0000
6. Brief Description of the Character	r of Business Conducted i		0 7 1 2 1		
7. NAMES AND AIDRESSI	S OF THE OFFICER	S: ("X" BOX FOR ATT	Clelatur of A	whaust sq	tens
President Name	Panau		Vice President Name	PACES BEFORE USING	G ATTACHMENTS
Street Address	-1710cly		Street Address		
City May	State A		249 Market St		
Wârien	RI	2400 AFS-	Cin	State 17 +	Zip [S. ]
Secretary pame	Product		Treusing Name	7	10000
Street Address	1 (+	<u> </u>	Street Address 1	Monkey	
Giry Mark	State	Zip)	Jug Ma	rhet St	
8 NAMES AND ADDRESS	1 Rt	WICE	"Garres	State RI	X+150-
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	RS: ("X" BOX FOR AT		PACES BEFORE USIN	G ATTACHMENTS
Street Address			Director Name		
			Street Address		
Gity	State	Zip	City	State	Ziţ)
Director Name	.L		Director Name		Σψ,
Street Address			Director Name		
			Street Address		
City	State	Zίρ	City	State	Zψ
9. SHARES AUTHORIZED	1	ļ	10 67747770 40		1
1 000 7	to par	Jalier	10. SHARES ISSUED (* ISSUED SHARES — THIS SECTION	X" BOX FOR ATTACE ON MUST BE COMPLETED	HMENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
instruction sheet.			none		
This report must be executed of this report must be executed of	on behalf of the corp	oration by an authorize	d representative. If the corre		
this report must be executed o	n behalf of the corpo	ration by the receiver of	or trustee.	oration is in the hands	of a receiver or trustee,
			Under penalty of period	enr I doolous oo toes oo	
2 0	1 00				nat I have examined this report, ements, and that all statements
File Date	1-17		contained herein are tru	se and confects	1 2-20-09
Check No	<u>3</u>		Signature	7	Date Date
Ву:	mo		- KIC	rand 1'r	oulx
FOR SECRETARY OF STAT	E LISE ONLY	_	Print or Type Name	2	
STOTE OF STATE	L GJE UNLI		Title	<u> </u>	