RI SOS Filing Number: 200943092870 Date: 02/24/2009 4:00 PM

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

A. Ralph Mollis, Secretary of
Corporations Div
148 W. River
Providence, RI 02904-
401.222.

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
97484	Ledoux & Company, Inc. CPA's

3. Street Address Principal Business Office	City	State	Zip
1006 Charles Street	N. Prov.	RI	02904

4. Business Phone No.	5. State of Incorporation
401-727-8100	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE ACCOUNTING SERVICES FOR THE GENERAL PUBLIC.

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

President Name	Vice President Name
John A. Ledoux	John A. Ledoux
Street Address: 104 Follett Street	Street Address: 104 Follett Street
City: N. Smithfield; State: RI; Zip: 02896	City: N. Smithfield; State: RI; Zip: 02896
Secretary Name	**Treasurer Name**
John A. Ledoux	John A. Ledoux
Street Address: 104 Follett St.	Street Address: 104 Follett St.
City: N. Smithfield; State: RI; Zip: 02896	City: N. Smithfield; State: RI; Zip: 02896

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

Director Name	Director Name
John A. Ledoux	
Street Address: 104 Follett Street	Street Address:
City: N. Smithfield; State: RI; Zip: 02896	City: ; State: ; Zip:
Director Name	Director Name
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			10	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.

97484

File Date 2-24-09
Check No. 31384-19-35188 5008
MNC

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 John Ledoux Date 1/27/09

John Ledoux
Print or Type Name