



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(c), each corporation failing or refusing to file its annual report within thirty (30) days after the date 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. 147868		2. Name of Corporation FIMA INVESTMENTS INC.	
3. Street Address Principal Business Office 747 PONTIAC AVE. SUITE #213		City CRANSTON	State RI
4. Business Phone No. 401-228-7420		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island* REAL ESTATE SERVICES and ANY other legal dealings			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CASSIE GARRETT		Vice President Name RUSSELL GARRETT	
Street Address 151 THIRD AVE		Street Address 151 THIRD AVE	
City CRANSTON	State RI	Zip 02910	City CRANSTON
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name CASSIE GARRETT		Director Name	
Street Address 151 THIRD AVE		Street Address	
City CRANSTON	State RI	Zip 02910	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 1000	Class Series NO
		Par Value NO	

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

FEB 27 2009

File Date _____ BY _____
 Check No. **12:01 PM FEB 27 2009**
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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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: **[Signature]** Date: **2/27/09**
 Print of Type Name: **RUSSELL GARRETT**
 Title: **VICE PRESIDENT**