RI SOS Filing Number: 200943244350 Date: 02/26/2009 4:00 PM

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.	2. Name of Corporation
102526	Lori Ellen, Inc.

3. Street Address Principal Business Office	City	State	Zip
254 EAST STREET	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
4014635679	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE SALES, MARKETING, PROMOTION OF PHOTOGRAPHY.

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

President Name	Vice President Name
Lori Ellen Rao	Lori Ellen Rao
Street Address: 12 O'Rielley Court	Street Address: 12 O'Rielley Court
City: Wood River Junction / State: RI / Zip: 02894	City: Wood River Junction / State: RI / Zip: 02894
Secretary Name: ori Ellen Rao	Treasurer Name: Lori Ellen Rao
Street Address: 12 O'Rielley Court	Street Address: 12 O'Rielley Court
City: Wood River Junction / State: RI / Zip: 02894	City: Wood River Junction / State: RI / Zip: 02894

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

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* [ ]

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	Common	No Par Value

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.

[redacted]

[redacted]

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.

Lori Ellen Rao — 2/17/09
Signature *Date*

Lori Ellen Rao
Print or Type Name

President
Title

[redacted]

File Date 2-26-09
Check No. 3045
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

31421-39-351602