

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 report 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. 41917	2. Name of Corporation Creative Resou	2. Name of Corporation Creative Resources, Incorporated				
3. Street Address Principal Business Office 250 F Centerville Road			City Warwick	State	Zip	
4. Business Phone No. 401-738-0070 5. State of Incorporation RHODE ISLAN				RI	02886	
6. Brief Description of the Character Financial Resources Mana	of Business Conducted in I	Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT President Name Richard Spaziano			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Patricia Spaziano			
Street Address 70 Cedar Bay Drive			Street Address 70 Cedar Bay Drive			
Warwick	Stane RI	21/2 02888	<i>Gip</i> Warwick	State RI	2ip 02888	
Secretary Name Richard Spaziano Street Address			Treasurer Name Patricia Spaziano			
same			Street Address Same			
GIV	State	Zip	СИу	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name None Street Address			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address			
City	State	Zip	City	State	Zip	
Director Name None Street Address			Director Name None			
Ch			Street Address			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			200	Common	No Par	
This report must be executed this report must be executed of the second		oration by an authorized ration by the receiver o	Under penalty of p	erjury, I declare and affirm the mpanying schedules and stat	of a receiver or trustee, nat I have examined this report, ements, and that all statements	
Check No. FEB 26 2 By: By: FOR SECRETARY OF STATE	5		Signature PATRICIA SPAZIANO Print or Type Name Title			