



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. <u>75680</u>		2. Name of Corporation <u>THOMPSON RESOURCES LIMITED</u>		
3. Street Address Principal Business Office <u>189 FOREST AVENUE</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
4. Business Phone No. <u>(401) 383-8537</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>SUBSTANCE ABUSE COUNSELING INCLUDING CAREER ED. + HUMAN SERVICE GUIDANCE.</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>CLAIRE D. THOMPSON</u>		Vice President Name <u>CLAIRE D. THOMPSON</u>		
Street Address <u>189 FOREST AVENUE</u>		Street Address <u>189 FOREST AVENUE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>CRANSTON</u>	State <u>RI</u>
Secretary Name <u>CLAIRE D. THOMPSON</u>		Treasurer Name <u>CLAIRE D. THOMPSON</u>		
Street Address <u>189 FOREST AVENUE</u>		Street Address <u>189 FOREST AVENUE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>CRANSTON</u>	State <u>RI</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares <u>0</u>		Class/Series <u>NONE</u>		Par Value <u>0</u>
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.				

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.

<b>FILED</b>
File Date <u>FEB 26 2009</u>
Check No. <u>1226</u>
By <u>1226</u>
FOR SECRETARY OF STATE USE ONLY

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.

Claire D. Thompson 2/26/2009  
Signature Date  
CLAIRE D. THOMPSON  
Print or Type Name  
PRESIDENT  
Title