



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 02904-2611
401.222.3044

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. 65722		2. Name of Corporation R.I. Timber Corporation			
3. Street Address Principal Business Office 54 Winsor Road			City Foster	State RI	Zip 02825
4. Business Phone No. 401-647-2755		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Timber Cutting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bradford Smith			Vice President Name Bradford Smith		
Street Address 183 Hartford Pike			Street Address 183 Hartford Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Bradford Smith			Treasurer Name Bradford Smith		
Street Address 183 Hartford Pike			Street Address 183 Hartford Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bradford Smith			Director Name		
Street Address 183 Hartford Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 300	Class/Series Common	Par Value None

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.

File Date	2-26-09
Check No.	6555
By:	MNE
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.

Signature: Bradford Smith Date: 2/23/09
Print or Type Name: Bradford Smith
Title: President