

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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.I., 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00. 2. Name of Corporation C. HAWK INC 1. Corporate ID No. 276357 Street Address Principal Business Office City WARWICK 236 ADAMS ST RΙ 02888 5. State of Incorporation 401-640-2425 R.I. 6. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY TRANSPORTATION OF ADVERTISING MAGAZINES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name CHRISTOPHER N BRENNAN KEVIN M HAWKINS Street Address Street Address 71 FORTH AVE 236 ADAMS ST City WARWICK RI **02888** WARWICK 02888 RΙ CHRISTOPHER N BRENNAN **KEVIN M HAWKINS** Street Address 71 FORTH AVE 236 ADAMS ST City State WARWICK RI 02888 WARWICK 02888 RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address State Zip City State ZipDirector Name Director Name Street Address Street Address City State ZipZiji 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 2 Α .01 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. 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. Check No. DAVE HUNTOON Print or Type Name **CPA** FOR SECRETARY OF STATE USE ONLY Title