

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

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation f	illing or refusing to file its ann	ual report within thirty (30) days after	r the time prescribed by law (R.s	I.G.L. 7-1.2-1501(c&d)) is
1. Corporale ID No.  1. Orporale ID No.  2. Name of Corporation  1. Orporale ID No.  2. Name of Corporation  1. Orporate ID No.  3. Street Address Principal Business Office  5. Orporate ID No.  5. Orporate ID No.  1. Orporate ID No.  1. Orporate ID No.  2. Name of Corporation  1. Orporate ID No.  2. Name of Corporation  1. Orporate ID No.  3. Street Address Principal Business Office  5. Orporate ID No.  5. Orgorithms ID No.  1. Orporate ID No.  2. Name of Corporation  2. Name of Corporation  3. Street Address Principal Business Office  5. Orgorithms ID No.  2. Name of Corporation  3. Street Address Principal Business Office  5. Orgorithms ID No.  5					
3. Street Address Principal Business Office  8 6 CONKWOOD DE, JE			Johnster	State RI	<sup>Zip</sup> U2919
4. Business Phone No. 401 (781)	2749	5. State of Incorporation Rhude	Island		
6. Brief Description of the Character of Business Conducted in Rhode Island  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Juhn T. D. Mauro Jr  Lisa D, Mauro					
Street Address & Brook word Drive			Street Address & Bruckwad Drive  City Johnston State RI 210 (2515		
Juhusten	State RI	Zip ひみら17	,	State RI	Zip (J2515
Secretary Name John T. D. Moure Jr			Treasurer Name LISA D. Mar 20		
Street Address  8 Brook wood Drive  City State  State  RI 02919			Street Address  F Brankwood Drive  City Johnston RJ 2ip  U2515		
Johnston	State RI	Zip 02919	Johnster Johnster	State RJ	Zip U2515
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   Director Name					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	1	<i>J.</i>	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζŧρ
9. SHARES AUTHORIZED  SWU NU RG			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares		Par Value
This information is ourrently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	Commun	ريم ا
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 harein are true and correct.		
File Date FILED			Signature		2 - 25 · 09 Date
Check No.			Tare	\$. 100 a . a a	

Print or Type Name