

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(e&d)) is which to a small file of \$25.00.

subject to a penalty fee of \$25.00.					
1. Corporate 1D No.	2. Name of Corporation				
75225		o Sales, Inc.			
3. Street Address Principal Business Office 169 Elmwood Avenue			Providence	State RI	02907
4. Business Phone No.	•	5. State of Incorporation			
401-621-8271		RI			
б. Brief Description of the Character o	f Business Conducted in Ri	ode Island			
To operate an a 7. NAMES AND ADDRESSES President Name			HMENT) TELL IN SPAC	ES BEFORE USING AT	TACHMENTS
Michael D'Ambra			Joseph D'Ambra		
Street Address			Street Address		
334 Auburn St.			334 Auburn St.		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name Same as above			Treasurer Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	o: ("X" BOX FOR ATT	ACHMENT)   FILL IN SP. Director Name	ACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES, AUTHORIZED			10. SHARES ISSUED (*)	 K" BOX FOR ATTACHM	 IENT) [
			ISSUED SHARES — THIS SECTIO	N <u>MUST</u> BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
ALOU GOLDING			THIS SECTI		CAN CONTRACTOR OF THE CONTRACT
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corp	oration is in the hands o	of a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and including any accompanying schedule contained hasein are true and correct.		
Signature	Date	
Michael D'Ambra		
Print or Type Name President		
Title	Farm 60	20 Day 09/09