



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.<br>38086                                                                                                                               |             | 2. Name of Corporation<br>LOMBARDO & BROWN, INC. |                                                                     |                            |                           |
| 3. Street Address Principal Business Office<br>40 STARLINE WAY                                                                                             |             |                                                  | City<br>CRANSTON                                                    | State<br>RI                | Zip<br>02921              |
| 4. Business Phone No.<br>401-274-3990                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND        |                                                                     |                            |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>DIE CAST PRODUCTS                                                           |             |                                                  |                                                                     |                            |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                  |                                                                     |                            |                           |
| President Name<br>TED P. BROWN                                                                                                                             |             |                                                  | Vice President Name<br>ANTHONY P. LOMBARDO                          |                            |                           |
| Street Address<br>40 STARLINE WAY                                                                                                                          |             |                                                  | Street Address<br>40 STARLINE WAY                                   |                            |                           |
| City<br>CRANSTON                                                                                                                                           | State<br>RI | Zip<br>02921                                     | City<br>CRANSTON                                                    | State<br>RI                | Zip<br>02921              |
| Secretary Name<br>TED P. BROWN                                                                                                                             |             |                                                  | Treasurer Name<br>ANTHONY P. LOMBARDO                               |                            |                           |
| Street Address<br>40 STARLINE WAY                                                                                                                          |             |                                                  | Street Address<br>40 STARLINE WAY                                   |                            |                           |
| City<br>CRANSTON                                                                                                                                           | State<br>RI | Zip<br>02921                                     | City<br>CRANSTON                                                    | State<br>RI                | Zip<br>02921              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                  |                                                                     |                            |                           |
| Director Name<br>NONE                                                                                                                                      |             |                                                  | Director Name                                                       |                            |                           |
| 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 ("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<br>4,200                                           | Class/Series<br>COMMON N/A | Par Value<br>NO PAR VALUE |
|                                                                                                                                                            |             |                                                  |                                                                     |                            |                           |

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.

Signature: Ted P. Brown Date: 2/27/09

Print or Type Name  
Ted P. Brown

Title  
President

Title

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>MAR 02 2009</b> |
| By:                             | <b>By 19696</b>    |
| FOR SECRETARY OF STATE USE ONLY |                    |