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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.	2. Name of Corporation			
131318	Buffini & Company			
3. Street Address Principal Business Office		City	State	Zip
5770 Armada Drive		Carlsbad	CA	92008
4. Business Phone No.	5. State of Incorporation			
760-827-2100	California			

6. Brief Description of the Character of Business Conducted in Rhode Island
Business coaching/ sell monthly subscriptions

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Brian Buffini			Michael Taylor		
Street Address			Street Address		
5770 Armada Drive			5770 Armada Drive		
City	State	Zip	City	State	Zip
Carlsbad	CA	92008	Carlsbad	CA	92008
Secretary Name			Treasurer Name		
Brian Buffini					
Street Address			Street Address		
5770 Armada Drive					
City	State	Zip	City	State	Zip
Carlsbad	CA	92008			

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Brian Buffini			Beverly Buffini		
Street Address			Street Address		
5770 Armada Drive			5770 Armada Drive		
City	State	Zip	City	State	Zip
Carlsbad	CA	92008	Carlsbad	CA	92008
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

10000

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10000	common	0
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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 2/12/09 *Date*

Michael Taylor
Print or Type Name

[redacted] Vice President
Title

File Date FILED
Check No.
MAR 02 2009
By: By
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30822-20-354363

Form 630 Rev. 08/08