



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2515
(401) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200

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 et. seq. 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, §40) is subject to a penalty fee of \$25.00.

1. Federal EIN 153141		2. Name of Corporation AAE			
3. Mailed Address (Principal Business Office) 30 CECIL AVE		4. City N. KINGSTOWN	5. State RI	6. Zip 02852	
7. Business Phone No. 295-0855		8. State of Incorporation R.I.			
9. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING					
10. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ATLE GJELSVIK		Vice President Name CAROL GJELSVIK			
Street Address 30 CECIL AVE. N. KINGSTOWN		Street Address 30 CECIL AVE			
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Secretary Name NONE		Treasurer Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
11. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
12. SHARES AUTHORIZED			13. 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. NO CHANGE			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class, Series 0	Par Value 0

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.

File Date	FILED
Check No.	MAR 02 2009
By	sy 204
FOR SECRETARY OF STATE USE ONLY	

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: Atle Gjelsvik Date: Feb 27, 09
Print or Type Name: ATLE GJELSVIK
Title: PRESIDENT