

A. Ralph Mollis, Secretary of Stat Corporations Divisio 148 W. River Stree Providence, RI 02904-261 401.222.304

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(cc/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43281	2. Name of Corporation JOE DYNASTY RESOURCES INC				
3. Street Address Principal Business Office 709 METACOM AVE			City BRISTOL	State RI	^{Zip} 02809
4. Business Phone No. 5. State of Incorporation RHODE ISLAND				-	
6. Brief Description of the Character FINANCIAL AND PROPER	of Business Conducted in R TY MANAGEMENT	Phode Island SERVICES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name ALEXANDER JOE			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 178 TOUISSET RD			Street Address		
City WARREN	State RI	^{Zip} 02885	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 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) ISSUED SHARES — THIS SECTION MUST 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
			5000	C	NPV ::::
			· 自為 多色的特別	NESCHALA PART CONTRACTOR	
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorized oration by the receiver o	Under penalty of perjury,	I declare and affirm that I	have examined this repor
File Date MAR 0.2 Check No. By:	20) 4		including any accompany contained herein are rue. Signature ALEXANDER H. Print or Type Name PRESIDENT	ing schedules and stateme	nts, and that all statemen 2-27-09 Date
FOR SECRETARY OF STA	IE USE ONLY		Title		