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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(a&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
63819	BLOOMING MAP CO		
3. Street Address Principal Business Office	City	State	Zip
1745 BROAD ST	CRANSTON	R.I	02905
4. Business Phone No.	5. State of Incorporation		
401-941-1140	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name	Vice President Name
BRIDGET BUGBEE	CARL HJERPE
Street Address: 83 ALBERT AVE	Street Address: 29 ARNOLD AVE
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: R.I Zip: 02905
Secretary Name	**Treasurer Name**
SUSAN HJERPE	KEVIN BUGBEE
Street Address: 29 ARNOLD AVE	Street Address: 83 ALBERT AVE
City: CRANSTON State: R.I. Zip: 02905	City: CRANSTON State: R.I Zip: 02905

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

Director Name	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

1000 COMMON NO PAR VALUE

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
BRIDGET BUGBEE 500	COMMON	NONE
CARL HJERPE 500	COMMON	NONE

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.

Carl Hjerpe — *Signature* — 2/25/09 — *Date*

CARL HJERPE — *Print or Type Name*

V.P. — *Title*

[redacted]

File Date 3-2-09
Check No. 2934
By: MMC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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