

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 309 401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with Br. 4.5625.00

* The accordance subject to a penalty fee of \$25.00.

1. Corporate ID No. 87552	2. Name of Corporation KAREN VAUGHAN PRODUCTIONS, INC.				
3. Street Address Principal Business Q 148 BELLEVUE	Tice AVENUE		NEWPORT	State RI	02840
4. Bustness Phone No. A 121 State of Incorporation RHODE ISLA			NO		
6. Brief Description of the Character of INTERIOR DESIGN. 7. NAMES AND ADDRESSES.	N WORK AN	0 sales of		ENISHING is before using att	ACHMENTS
President Name KAKEN VAUGHAN			Vice President Name		
Street Additions 337 COGGESHALL AVENUE			Street Address		
CHY NEWPORT	State RJ	²¹⁹ 02840	City	State	Zip
Secretary Name KAREN VAUGHAN			Treasurer Name		
Street Address 227 COGFESHALL AVENUE			Street Address		
Cary NEWPORT	State R 1	^{zip} 02840	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("A BOX FOR ATTACHMENT) _ PELL INSPACES DEPORT COING ATTACHMENT					
Director Name			Street Address		
Street Address					
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Ζψ	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
			500	Comman	\$1.00
			100 100 55010	common	\$1.00
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.					
and report must be executed	on contain or the corp.	and of the leveller			
Under penalty of perjury, I declare and affirm that I have examined this repor					
		1	including any accompanying schedules and statements, and that all statements contained herein are true and correct. Alexa Alexa Date		
File Date					
Check No.					
By YAR	0.8 2009	· _	Print or Type Name		
FOR SECRE BAY OF VI	ADOM		Title	<u> </u>	
		-			Form 630 Rev. 08/08