

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. 7-1.2-1 subject to a penalty fee of \$25.00.	1501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days after	the time prescribed by law (R.)	.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 151573	2. Name of Corporation PASCOAG DON	UTS, INC.				
3. Street Address Principal Business C 251 SMITH STREET	Office		PROVIDENCE	State RI	Zip 02908	
		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of						
7. NAMES AS D. AD DRESSES	OF THE OFFICERS:	"("X""BOX FOR ATTA	CHMENŢ); □ FILL IN SPAGE	S BEFORE USING ATT	AGHMENTS	
President Name			Vice President Name			
DANIEL B. DEL PRETE			JAMES T. LYNCH			
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
WARWICK	State RI	^{Ζψ} 02889	City EAST GREENWICH	State RI	^{Zip} 02818	
Secretary Name DANIEL B. DEL PRETE			Treasurer Name DANIEL B. DEL PRETE			
Street Address 105 TEAHOUSE LANE		Street Address 105 TEAHOUSE LANE				
WARWICK	State RI	^{Ζφ} 02889	City WARWICK	State RI	Zip 02889	
8: NAMES AND ADDRESSES	OF THE DIRECTORS	:-("X" BOX FOR ATT	<i>асние́nt</i>). 🗌 fill in spai	CES BEFORE USING AT	TAGHMENTS	
Director Name			Director Name			
DANIEL B. DEL PRETE			JAMES T. LYNCH			
Street Address			Street Address			
105 TEAHOUSE LANE			ONE SIGNAL RIDGE W	AY		
City	State	Zip	City	State	Zip ====	
WARWICK	RI	02889	EAST GREENWICH	RI	02818 🔀	
Director Name			Director Name			
Street Address	Address Street Address					
City	State	Zip	City	State	Zip	
9. SHARES: AUTHORIZED		n garaga Sections	10. SHARES ISSUED: ("X" ISSUED SHARES — THIS SECTION	and the section of th		
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	COMMON	NO PAR	
			1947 y (4. C. 110)			
This report must be executed this report must be executed of				ation is in the hands of a	receiver or trustee,	
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	⊈	II ED	Under namely of parish	I declare and affirm that I	house experienced this are a second	

	FILED	Under penalty of periody, I declare and affirm including any ago oppoanying Schedules and	
File Date	MAR OF LOOK	contained herein are true and convery	1/12/09
Check No.	10011	Signature DANIEL B. DEL PRETE Print or Type Name	Date
By: FÖRSECRETARY OF STATE USE ONLY	8XI	PRESIDENT Title	