



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

1. Corporate ID No. 000164151		2. Name of Corporation ZOOM ENTERPRISES, INC.			
3. Street Address Principal Business Office 42 LADD STREET		City EAST GREENWICH		State RI	Zip 02818
4. Business Phone No. 888-878-9666		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS DEVELOPMENT CONSULTANTS; ADVERTISING AND MARKETING; PUBLIC RELATIONS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH HOZEMPA			Vice President Name JOSEPH HOZEMPA		
Street Address 95 LANE 1			Street Address 95 LANE 1		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name JOSEPH HOZEMPA			Treasurer Name JOSEPH HOZEMPA		
Street Address 95 LANE 1			Street Address 95 LANE 1		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH HOZEMPA			Director Name		
Street Address 95 LANE 1			Street Address		
City WARWICK	State RI	Zip 02888	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)		
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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value \$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.

File Date	3-3-09
Check No.	5979
By:	MNC
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 Joseph Hozempa	Date 2-24-09
JOSEPH HOZEMPA	
Print or Type Name	
PRESIDENT	
Title	