



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 02904-2611
401.222.3044

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. 322776	2. Name of Corporation AUTUMN PARK, INC.
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3. Street Address Principal Business Office 15 Gold Star Drive	City Cumberland	State RI	Zip 02864
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4. Business Phone No. 401-864-0756	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island
To sell retail and/or wholesale goods and any and all other legal purposes.

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

President Name Kathy A. Hopkinson	Vice President Name Diane Dias
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Street Address 14 Gold Star Drive	Street Address 15 Gold Star Drive
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City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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Secretary Name Diane Dias	Treasurer Name Kathy A. Hopkinson
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Street Address 14 Gold Star Drive	Street Address 15 Gold Star Drive
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City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kathy A. Hopkinson	Director Name Diane Dias
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Street Address 15 Gold Star Drive	Street Address 15 Gold Star Drive
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City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED

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
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.

File Date **MAR 05 2009**
Check No. **By 1012**
By: _____

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 Kathy A. Hopkinson Date 2/23/09

Kathy A. Hopkinson

Print or Type Name

President

Title