



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. 75315		2. Name of Corporation NARRAGANSETT REPRODUCTIONS, Inc	
3. Street Address Principal Business Office 107 WOODVILLE RD.		City HOPEVALLEY	State RI
4. Business Phone No. 401-364-3839		5. State of Incorporation RI (all mail P.O. Box 51 WOOD RIVER JCT, RI 02894)	
6. Brief Description of the Character of Business Conducted in Rhode Island mfg. winning harness, breeding + selling exotic buds + animals.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EDWARD PEASE		Vice President Name MARGARET PEASE	
Street Address 107A WOODVILLE RD. P.O. Box 51		Street Address SAME	
City WOOD RIVER JCT	State RI	City SAME	State RI
Zip 02894		Zip 02894	
Secretary Name MARGARET PEASE		Treasurer Name MARGARET PEASE	
Street Address SAME		Street Address SAME	
City SAME	State SAME	City SAME	State SAME
Zip SAME		Zip SAME	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ERIC PEASE		Director Name EDMUND PEASE	
Street Address 107C WOODVILLE RD. (P.O. Box 36)		Street Address 107A WOODVILLE RD. (P.O. Box 51)	
City WOOD RIVER JCT	State RI	City WOOD RIVER JCT	State RI
Zip 02894		Zip 02894	
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
9. SHARES AUTHORIZED 2,000 com 10 par value \$1.00		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
None	None	None	
2,000		\$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 **3-5-09**
Check No. **29409**
By: **MPC**
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 **Margaret Pease** Date **3/3/09**
MARGARET PEASE 03/03/09
Print or Type Name
V.P. MARGARET PEASE
Title **V.P.**