

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222,3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PI

* In accordance with R.I.G.L. 7-1.2 subject to a penalty fee of \$25,00.			nnual report within thirty (30) day	ys after the time prescribed by	law (R.I.G.L. 7-1.2-1501(c&d)) ;
1. Corporate ID No. 117582	2. Name of Corpo Puddle	Wonderful, Inc.			
3. Street Address Principal Business Office 451 Seapowet Avenue			Tiverton	State RI	2ip 02878
4. Business Phone No. 401–835–6263 5. State of Incorporation RHODE ISL		AND			
6. Brief Description of the Character TO MAKE VIDEOS F(of Business Conducte OR NONPROF	d in Rhode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Beth McCann Burnett			Robin Dawson Burnett		
Street Address 451 Seapowet Avenue			Street Address 451 Seapowet Avenue		
City	State	Zip	: 431 Seapower	State	Zip
Tiverton Secretary Name] RI	02878	Tiverton	RI	02878
Beth McCann Burne	ett		Treasurer Name Robin Dawson	Rurnett	***************************************
Street Address			Street Address		
451 Seapowet Avenue			451 Seapowet Avenue		
City Tiverton	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES Director Name	RI OF THE DIRECT	02878 ORS: ("X" BOX FOR AT	: Tiverton	RI	02878
The state of the s		ONDI (A BOATORAL	Director Name	SPACES BEFORE USIN	G ATTACHMENTS
Beth McCann Burn	ett		Robin Dawson	Burnett	
Street Address 451 Seapowet Avenue			Street Address		
City State Zip			451 Seapowet Avenue		
Tiverton Director Name	RI	02878	Tiverton Director Name	Siate RI	02878
None			None		
Street Address			Street Audress		
City	State	Zip	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
			1000	COMMON	NO PAR VALUE
This report must be executed of this report must be executed o	on behalf of the co	orporation by an authorize	d representative. If the corp	poration is in the hands	of a receiver or trustee,
		.,	i usioo.		
			Under penalty of perj	ury, I declare and affirm th	nat I have examined this repor
2 -			including any accomp	panying schedules and stat	tements, and that all statemen
File Date Sun 50	-09		contained herein are t	MATA	13/1/09
50	11	-	Signature	rwy r	Date
Check No	7	-		n Purnett	Dute
8v (<i>M</i>)	nc,		Beth McCan Print or Type Name	ii potuett	

President

Title