

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. 160462	2. Name of Corporation AIRBRUSH CON	ICEPTS, INC.			
3. Street Address Principal Business Office 26 Crone Drive			City West Warwick	State RI	^{Zip} 02893
4. Business Phone No. 5. State of Incorporation Rhode Island				100 1.1	
6. Brief Description of the Character of Airbrush	f Business Conducted in R	bode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	<i>CHMENT)</i> 🔲 FILL IN SP	ACES BEFORE USING	ATTACHMENTS
President Name LISA SOUZA			Vice President Name		
Street Address 26 Crone Drive			Stroet Address		
City West Warwick	State RI	^{Zip} 02893	City	State	Zip
Secretary Name LISA SOUZA			Treasurer Name LISA SOUZA		
Street Address 26 Crone Drive			Street Address 26 Crone Drive		
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	· —	SPACES BEFORE USING	G ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			Number of Shares	Class/Series	Par Value
			100	COMMON	.01
			* 5 % * * * * * * * * * * * * * * * * *	2 2 Local	A PART AND A STATE OF THE STATE
This report must be executed this report must be executed				rporation is in the hand	s of a receiver or trustee,
this report must be executed	on behan of the corp	oration by the receiver	or trustee.		
			Under penalty of per	rjury, I declare and affirm	that I have examined this repor
		٦	including any accor	npanying schedules and sta	itements, and that all statemen
			contained herein are	true and correct.	alaala
File Date _FILED			<u> 41100 20</u>	032	<u> </u>
Check MAD A & 2000			Signature	0	Date
Check MAR 0 6 2009			LISA SOUZA		
By 2/88		_	Print or Type Name PRESIDENT		
FOR SECRÉTARY OF ST	ATE USE ONLY		Title		•
		_	11116		T (20 D 0000