

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

Form 630 Rev. 08/08

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.

I KOLII OOLII	-W CEO OO* . THIS DEPORT MUST BE ITTED ON PRINTED ESTIMATED
Filing Period: January 1 - March 1	• Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED BY Law (R.I.G.L. 7-1.2-1501(c&d)) is 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
* * * * * * * * * * * * * * * * * * *	each corporation failing or refusing to file its annual report within thirty (30) anys upto the transfer of the
* In accordance with K.I.G.L. /-1.2-1)01(c),	
subject to a penalty fee of \$25.00.	

ibject to a penalty fee of \$25.00.	2 Name of Cortor	allon					
. Corporate ID No. 77006	SCOOP AT	2. Name of Corporation SCOOP AT THE FALLS, INC. State Zip					
3. Street Address Principal Business Office 1420 Broad Street			Central Falls	RI	02863		
4. Business Phone No. 401-729-0033 5. State of Incorporation RHODE ISLAND							
. Brief Description of the Charact To operate a retail distrib					TTACHMENTS		
. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR A	ITACHMENT) FILL IN S	SPACES BEFORE USING A	TACHMENTO		
resident Name			Tina DeRoy				
Roland W. DeRoy			Street Address	Street Address			
treet Address 1420 Broad Street			1420 Broad Street		7/4		
City Central Falls	State RI	^{Zip} 02863	City Central Falls	State RI	02863		
Secretary Name			Treasurer Name Tina DeRoy				
Fina DeRoy			Street Address 1420 Broad Street				
1420 Broad Street				State	Zip		
City Central Falls	State R1	^{Zip} 02863	Central Falls	RI	02863		
NAMES AND ADDRES	SES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) FILL I	N SPACES BEFORE USING	3 ATACHMENTS		
Director Name			Director Name Tina DeRoy		1_		
Roland W. DeRoy			Street Address	Street Address			
Street Address			1420 Broad Street	1420 Broad Street			
1420 Broad Street	State	Ζip	City	State	<i>Zip</i> <u>⊤x</u> 028 6 3		
City Central Falls	RI	02863	Central Falls	RI	[U2 563		
Director Name			Director Name J. Allan Soares				
Anthony Nobrega					3		
Street Address			1420 Broad Stree	1420 Broad Street			
1420 Broad Street	State	Zip	City	State	z _i μ 0 286 3 ₹ □		
City Central Falls	RI	02863	Central Falls	RI			
9. SHARES AUTHORIZED			10. SHARES ISSUE	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
				Class/Series	Par Value		
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.			y of Number of Shares		No par value		
			100	Common	No par value		
				handa in the bea	ds of a receiver or truster		
This report must be exec	cuted on behalf of	the corporation by an aut	thorized representative. If the	e corporation is in the name	us of a receiver of truster		
this report must be exec	uted on behalf of the	he corporation by the rec	ceiver of trustee.				
			Under nanalty	of perjury, I declare and affirm	n that I have examined this t		
			including any a	accompanying schedules and s	statements, and that all state		
		: :	contained here	in are true and correct.	1/		
File Date FILED			Warnes.	ew //	2/13/09		
File Date		·	Signature	8 55	Dale		
Check MAR 0 6 20	19		Roland W	. DeRov	=		
I UNECK MINASIS SI SU CAN			Print or Type N				

President

Title