

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

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. 7-1,2-150). 401.222.3040

97459	Accent C	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(e). 2. Name of Corporation Accent Charter and Leasing, Inc.				
3. Street Address Principal Business Office 1051 Reservoir Avenue 4. Business Phone No.			City Cranston	State	Zip	
401-223-2323 Shade Island				RI	02910	
	Character of Business Cond of boats, automobile DRESSES OF THE OFF	ncted in Rhode Island is or other vehicles and ren PICERS: ("X" BOX FOR AT	tal of same TACHMENT) FILL 1 Vice President Name	IN SPACES BEFORE US	ING ATTACHMENTS	
Nirea Address 1051 Reservoir Avenue			Mary Jo Carolan Street Address 1054 D			
City Cranston	Saue RI	7.ip 02910	1051 Reservoir A	State	Zip	
Mary Jo Carolan			Cranston Treasurer Name Mary Jo Carolan	RI	02910	
Street Address 1051 Reservoir Avenue			Street Address 1051 Reservoir Avenue			
Cranston	State RI		CHjr	State	Zip	
Treet Address Tty irector Name	State	/ψ	Street Address City Director Name	State	Хір	
reet Address			Street Address			
/V	State	Zip	СПу	State	Zip	
SHARES AUTHORIZ	rently of moond in d		11112 2F	("X" BOX FOR ATTA	CHMENT)	
his information is currently of record in the Office of the Secretary of atc. Changes require an additional filing. See Section 9 of struction sheet.			Number of Shares	Class/Series	Par Value	
			0	none	0	
nis report must be exect s report must be exect	cuted on behalf of the cuted on behalf of the c	corporation by an authorized corporation by the receiver o	I representative. If the cortrustee.	orporation is in the hand	ds of a receiver or trustee,	
Date 34	9-09		Under penalty of perincluding any according to contained herein and	erjury, I declare and affirm manying schedules and state true and correct.	that I have examined this repatements, and that all statements	

Check No. _ FOR SECRETARY OF STATE USE ONLY

Mary Jo Carolan Print or Type Name President Title

Form 630 Rev. 08/08