



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. 106432		2. Name of Corporation RENDEZVOUS, INC.			
3. Street Address Principal Business Office 61 DODGE STREET			City NEW SHOREHAM	State RI	Zip 02808
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OWN AND MANAGE PROPERTY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANN LAW			Vice President Name		
Street Address 61 DODGE STREET			Street Address		
City NEW SHOREHAM	State RI	Zip 02808	City	State	Zip
Secretary Name ANN LAW			Treasurer Name ANN LAW		
Street Address 61 DODGE STREET			Street Address 61 DODGE STREET		
City NEW SHOREHAM	State RI	Zip 02808	City NEW SHOREHAM	State RI	Zip 02808
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANN LAW			Director Name		
Street Address 61 DODGE STREET			Street Address		
City NEW SHOREHAM	State RI	Zip 02808	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
8,000	\$1.00	PAR VALUE	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR

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.

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: Ann Law Date: 3/2/09
Print or Type Name: ANN LAW
Title: PRESIDENT

File Date: 3-9-09
Check No.: 1012
By: MNC
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