

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. 7-1.2-150).

subject to a penalty fee of \$25.	00.	y and the state of	115 unmat report warm intrey (50)	aays after the time prescribed i	by law (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 67333	2. Name of Co Durvin &	2. Name of Corporation Durvin & Company Photography, Inc.			
3. Street Address Principal Business Office 135 Webster Street			<sup>City</sup> Pawtucket	State RI	2tp 02861
		5. State of Incorpora Rhode Island	tion		02001
6 Brief Description of the Cha To produce & sell pho	racter of Business Coud tography and/or pl	ucted in Rhode Island notographic materials			
7. NAMES AND ADDRE President Name William F. Durvin, III		FICERS: ("X" BOX FOR A	ATTACHMENT) [ FILL IN Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS
Street Address 21 Great Meadows Lane			Street Address		
City Lincoln	State RI	<i>г</i> ф 02865	City:	State	Zip
Secretary Name Christine Durvin			Treasurer Name William F. Durvin, Jr.		
Street Address 21 Great Meadows Lane			Street Address 3 Circle Road		
City Lincoln	State RI	<sup>Zip</sup> 02865	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT)  FILL I	IN SPACES BEFORE US	
Street Address					
<u> </u>			Street Address		
City	State	Zip	City <sup>.</sup>	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)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary o State. Changes require an additional filing. See Section 9 of				Class/Series	Par Value
instruction sheet.	an additional ming	. See Section 9 of	NONE		
This report must be executhis report must be executhis	uted on behalf of th	ne corporation by an autho e corporation by the receiv	rized representative. If the	corporation is in the har	nds of a receiver or trustee,
	ned on behalf of th	e corporation by the recent	er or trustee.		
2	0 00		including any acco	perjury, I declare and affirm empanying schedules and a pe true and correct	n that I have examined this report statements, and that all statement
File Date	4-09		Jul /	Minttl	3.6.09
Check No.	995		SigNature William F. 1	Durvin III	Date
Ву:	mne	<u> </u>	Print or Type Name	Darvin, III	
FOR SECRETARY OF	F STATE USE ONLY		President Title		
		·	ine		