

2. Name of Corporation

1. Corporate ID No. 117123

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

DAGGETT DELIGHT'S INC.

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.

3. Street Address Principal Business Office 35 NORTH BEND ST APT LEFT REAR			City PAWTUCKET	State R • I •	<i>Ζψ</i> 02860
4. Business Phone No. 5. State of Incorporation		5. State of Incorporation RHODE ISLA	AND		
6. Brief Description of the Character of SEASONAL ICE C	Business Conducted in RE REAM AND SI	ode Island EA FOOD			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID BIBBY			Vice President Name ANTHONY WALSH		
Street Address 178 MEADOW STREET			Street Address 35 NORTH BEND ST APT LEFT REAR		
PAWTUCKET	State R • I •	02860	PAWTUCKET	State R • I •	^{zii} 02860
Secretary Name THERESA JOHNSTON			Treasurer Name ANTHONY WALSH		
Street Address 35 NORTH BEND ST APT LEFT REAR			Street Address 35 NORTH BEND ST APT LEFT REAR		
PAWTUCKET	State R • I •	<i>z_{ii},</i> 02860	City PAWTUCKET	State R • I •	02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name					
ANTHONY WALSH			DAVID BIBBY		
Street Address 35 NORTH BEND ST APT LEFT REAR			Street Address 178 MEADOW ST		
City	State	Ζip	City	State	Zip
PAWTUCKET R.I. 02860 Director Name THERESA JOHNSTON			PAWTUCKET Director Name	R.I.	02860
Street Address 35 NORTH BEND ST			Street Address		
City PAWTUCKET	State R • I •	<i>Σφ</i> 02860	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) \(\Box \) NONE ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.		0	0	0	
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.					
				, I declare and affirm that I ying schedules and statement	•
File Date 3-11	-09		anthy	WALSH	3/3/09
Check No. 1665 ANTHONY SWALS					- Ditte
By:	nc		Print or Type Name	ESIDENT	
FOR SECRETARY OF STA	TE USE ONLY		Title	<u> </u>	Form 630 Rev. 08/08