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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.			and report warms source (50) w	is agree we time presertoed by uno	(R.I.G.L. /-1.2-1501(cora)) is
1. Corporate ID No 236/	2. Name of Corpo		A NEWRO	DF /NC	
3. Street Address Principal Busine	SS Office	·	City	State	02840
4 Business Phone No.	2 / 25	5. State of Incorporation	> 7		
6. Brief Description of the Charac	s - 4 (CX ter of Business Conduct	ed in Rhode Wand			
INSTACL AT	10N &	ALES a DR	ERVICE O	A EXECTRE	ntes
7. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT) TILL IN .	SPACES BEFORE USING A	TTACHMENTS
DAVID MAGNETOCE			vice Frestaent vaime		() ()
Street Address	(" OV.		Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>	
City of January	State	766	City	State	705
porupost	35	102840)	State	Z#5.
Secretary Name			Treasurer Name		
Street Address			Street Address		
CHy	State	Zip	City	State	Zip C
8. NAMES AND ADDRESS	ES OF THE DIREC	CTORS: ("X" BOX FOR ATT	: TACHMENT) [] FILL IN	I SPACES BEFORE USING	ATTACHMENTS
Director Name	SUIDE		Director Name		
Street Address	GAPF_		Street Address		
City 1	GAPT				
NEWPOR		02840	City	State	Zip
Director Name	, , , , , , , , , , , , , , , , , ,		Director Name		
Street Address			Street Address		
			The Maries		
СПу	State	Zφ	City	State	Zip
9. SHARES AUTHORIZED	i	1	: 10. SHARES ISSUED	("X" BOX FOR ATTACHM	 (IENT) □
<u> </u>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			500	Common	10
This report must be execute	ed on behalf of the	corporation by an authorize	d representative (f.the o	ornomeiou io io de la landa	<u> </u>
this report must be execute	d on behalf of the	corporation by the receiver of	or trustee.	orporation is in the hands of	of a receiver or trustee,
			Under penalty of paincluding any acco	erjury, I declare and affirm tha mpanying schedules and states	t I have examined this report neats, and that all statement
FILE	nc		contained herein ar	e true and correct.	, with oral an alacement
File Date			Muy	Magui.	