

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 3009

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 shirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

550 VALLEY ST  A THE PROVIDENCE RT  O 377-3030  S. State of Incorporation RHODE ISLAND  G. Entity Description of the Character of the suspense Conducted in Rhodie Island JSE CAYS & COSS  TO AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Was President Name VICTOR H - RAMOS  Street Address  59 REDWING ST  City State Zip  Street Address  City State Zip  Street Address  City State Zip  B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Street Address  City State Zip  Street Address  City State Zip  Director Name  Director Name  Director Name  Director Name  Street Address  Gity State Zip  Director Name  Director	subject to a penalty fee of \$25.00.					
Solution   State   S	1 Corporate ID No. 98388		MOTORS L	OT		
A Business Prome No.  # Of D 3 7 7 - 3030    Subset of Incorporation   The Character of Business Conducted in Bloode Island   Sec 24 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3. Street Address Principal Business Office			PROVIDE	ENCE State RI	<sup>24</sup> 02908
Since Address  City PROVIDENCE  Street Address  City State  Zap  Street Address  State  Street Address  Street Address  State  Street Address  State  Street Address  State  State		3 <i>030</i>				
Vice President Name	6 Brief Description of the Character	of Business Conducted				
Street Address   Street Address   Street Address		OF THE OFFICE	RS: ("X" BOX FOR ATTA	· -	SPACES BEFORE USING AT	TACHMENTS
Street Address  Street Address	VICTOR H. BAMOS			<del></del>		
PKOULDENCE RI CAGO 7  Secretary Name  JACANT  Treasurer Name  Street Address  Gity  State  Zip  Gity  State  Zip  Gity  State  Zip  Gity  State  Zip  Director Name  Director Name  Street Address  Street Add						· passing control and control
Street Address  State  City  State  S	PROVIDENCE	State RI	<sup>zip</sup> 07907	City	State	Zip
City   State   Zip   City   State   Zip    8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Director Name   Director Name    City   State   Zip   City   State   Zip    Director Name    Street Address    City   State   Zip    Street Address    City   State   Zip    Street Address    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 of State. Changes require an additional filing. See Section 9 of	Secretary Name UACAI	丁 と		Treasurer Name		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Street Address  Gity State Zip Gity State Zip  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Annual Action Declaration  Annual Action Declaration  Annual Action Declaration  Street Address	Street Address			Street Address		
Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City State Zip  Other Address  Street Address  Street Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of	City	State	Zip	City	State	Zψ
City State Zip  Director Name  Street Address  Street Address  City State Zip  One of State Zip  One of State Zip  One of State Zip  In Shares issued ("X" BOX FOR ATTACHMENT) Issued shares — This section Must be completed  Number of Shares  Par Value  One of Shares Par Value  One of Shares Par Value		OF THE DIRECTO	ORS: ("X" BOX FOR ATT		N SPACES BEFORE USING A	TTACHMENTS
Director Name    Director Name	Street Address			Street Address		
Street Address  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 of State. Changes require an additional filing. See Section 9 of	City	State	Zip	City	State	Zip
State Zip  State Zip  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 of State. Changes require an additional filing. See Section 9 of	Director Name			Director Name		
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 of State. Changes require an additional filing. See Section 9 of  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Authorized  Par Value  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Authorized  Auth	Street Address			Street Address		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  100  100  100  100  100  100  100  1	Cuy	State	Zip	City	State	Zip
State. Changes require an additional filing. See Section 9 of	9. SHARES AUTHORIZED					ENT)
	•			Number of Shares	Class/Series	Par Value
		aditional filing. Se	ee Section 9 of	100	COMMON	NO PAR
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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 truthis report must be executed on behalf of the corporation by the receiver or trustee.					corporation is in the hands of	a receiver or trustee,
Under penalty of perjury, I declare and affirm that I have examined the including any accompanying schedules and statements, and that all s	ener	10				2/16
including any accompanying schedules and statements, and that all s contained herein are true and correct.	MAD 1 0 2	<u>"</u> 		Signature Signature	or zy Kamo	Date - 177
including any accompanying schedules and statements, and that all s contained herein are true and correct.  Signature  JAP 19 2009	Check No. MAK 1 9 C	.003 UBS		Print or Type Nam	r H. Ramos	
including any accompanying schedules and statements, and that all scontained herein are true and correct.  Signature  Date  Date	By: By 084	TATE LISE ONLY	_	′;	1 1	
including any accompanying schedules and statements, and that all s contained herein are true and correct.    Contained herein are true and correct.   Contained herein are true are true and correct   Contained herein are true are	FOR SECRETARY OF SI	IALE USE UNLI		Title		