

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.

3. Street Address Principal Busines. 46 Goosehill Road 4. Business Phone No. 800-327-6151 5. Brief Description of the Characte TO HOLD INTELLECTUA 7. NAMES AND ADDRESSE	: Office		Low	State	
800-327-6151 5. Brief Description of the Characte TO HOLD INTELLECTUA		. Street Address Principal Business Office 46 Goosehill Road			<i>жр</i> 11724
TO HOLD INTELLECTUA	800-327-6151 RHODE ISLAND				
', NAMES AND ADDRESSE	L PROPERTY F	PATENTS			
President Name	S OF THE OFF	CERS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC Vice President Name	CES BEFORE USING	ATTACHMENTS
Drew E. O'Connell			Lillian A. O'Connell		
Street Address 46 Goosehill Road			Street Address 46 Goosehill Road		
୍ୟା: Cold Spring Harbor	State NY	<i>χφ</i> 11724	City Cold Spring Harbor	State NY	^{Жр} 11724
ecretary Name Steven M. McInnis			Treasurer Name Drew E. O'Connell		
Street Address 38 Bellevue Avenue, Suite H			Street Address 46 Goosehill Road		
ा _र Newport	State RI	02840	Cold Spring Harbor	State NY	Zip 11724
B. NAMES AND ADDRESSE Director Name Drew E. O'Connell	ES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SP : Director Name : Lillian A. O'Connell	ACES BEFORE USIN	G ATTACHMENT
treet Address			Street Address		
46 Goosehill Road			46 Goosehill Road		
City Cold Coring Harbor	State	Ζψ 11724	Cold Spring Harbor	State NY	11724
Cold Spring Harbor Director Name	JNY	111/24	Director Name		[111724
Street Address			Street Address		
City:	State	/.ip	Сиу	State	Zip
). SHARES AUTHORIZED	I	ī	in 10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION		
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
			100	Common	\$.01 Par
This report must be execut	ed on behalf of t	he corporation by an authorize	ed representative. If the corp	oration is in the hand	ds of a receiver or

File Date Check No. . By: FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and	
including any accompanying schedules	and statements, and that all statements
contained herein are true and correct	1/28/0
Signature	Date
Drew E. O'Connell	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08