



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 90030		2. Name of Corporation LIONEL MINI STORAGE, INC.			
3. Street Address Principal Business Office 95 COMMERCE WAY			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 5083366593		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island STORAGE FACILITY FOR SAFEKEEPING OF MISCELLANEOUS ITEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD VIEIRA			Vice President Name KATHLEEN CABRAL		
Street Address 406 NORTH BROADWAY			Street Address 25 PAPINO ROAD		
City RUMFORD	State RI	Zip 02916	City SEEKONK	State MA	Zip 02771
Secretary Name LIONEL VIEIRA			Treasurer Name MARIA A. VIEIRA		
Street Address 40 SHERMAN AVENUE			Street Address 40 SHERMAN AVENUE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD VIEIRA			Director Name KATHLEEN CABRAL		
Street Address 406 NORTH BROADWAY			Street Address 25 PAPINO ROAD		
City RUMFORD	State RI	Zip 02916	City SEEKONK	State MA	Zip 02771
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE

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.

File Date	3-23-09
Check No.	2483
By:	mmc
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Vieira 2/9/09  
Signature Date  
RICHARD VIEIRA  
Print or Type Name  
PRESIDENT  
Title