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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.	2. Name of Corporation			
15484	Nancy Alterio, Inc.			
3. Street Address Principal Business Office		City	State	Zip
31 West Scenic View Drive		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
(401) 499-1488	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Photography studio				

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Nancy Alterio			None		
Street Address			Street Address		
31 West Scenic View Drive					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name		
Nancy Alterio			Nancy Alterio		
Street Address			Street Address		
31 West Scenic View Drive			31 West Scenic View Drive		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	~~02882~~ 02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Nancy Alterio					
Street Address			Street Address		
31 West Scenic View Drive					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	common	no par value
50		$100 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.

[redacted]

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.

Nancy Alterio 3/25/2009
Signature *Date*

Nancy Alterio
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
MAR 26 2009
By:
By 48761
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31978-1-357119

Form 630 Rev. 08/08