

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

me of Corporation gro USA Inc. ess Conducted in Ri HE OFFICERS:		City New York	State NY	^{Zip} 10004
	Delaware bode Island	Néw York		1 -
	Delaware bode Island			
HE OFFICERS:	("X" BOX FOR ATTAC			
		CHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Street Address 1 State Street Plaza, 9th Floor		Street Address		
	Zip 10004	City	State	Zip
Secretary Name William Costantini		Treasurer Name William Goldstein		
Street Address 1 State Street Plaza, 9th Floor		Street Address 1 State Street Plaza, 9th Floor		
	^{Zip} 10004	City New York	State NY	^{Zip} 10004
HE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) TELL I Director Name John Clements	N SPACES BEFORE USIN	G ATTECHMENTS
1 State Street Plaza, 9th Floor			Street Address 1 State Street Plaza, 9th Floor	
	<i>Ζ:φ</i> 10004	City New York	State NY	Ζφ 10004
Director Name			Director Name	
Street Address			Street Address	
	Zip	City	State	Zip
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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
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	cord in the Offi	Zip 10004 THE DIRECTORS: ("X" BOX FOR ATT Zip 10004 Zip 2ip 2ip 10004	Zip 10004 Treasurer Name William Goldstein Street Address 1 State Street Plaz City New York The Director Name John Clements Street Address 1 State Street Plaz City New York Director Name John Clements Street Address 1 State Street Plaz City New York Director Name Street Address 1 State Street Plaz City New York Director Name Street Address This is sued shares — This is number of Shares 1000	Treasurer Name William Goldstein Street Address 1 State Street Plaza, 9th Floor City New York NY THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USIN Director Name John Clements Street Address 1 State Street Plaza, 9th Floor City New York NY Director Name John Clements Street Address 1 State Street Plaza, 9th Floor City New York NY Director Name Street Address 1 State New York NY Director Name Street Address City State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Coord in the Office of the Secretary of

	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 trucked correct.
Check No. AR 2 6 2009	Signature William Goldstein
By: By FOR SECRETARY OF STATE USE ONLY	Print or Type Name Treasurer, CFO Title