

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

401.222.30

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(e)/d) is

subject to a penalty fee of \$25.00			The report wants willy (50 ways)		(102.00.00.7.10.00.7.00.10.00)
. Corporate ID No. 487690	2. Name of Corporation Camelen Greens INC				
Street Address Principal Busin			City Providence	State Rhucle Isla	14d 02908
4. Business Phone No. 5. State of Incorporation 401-330-9392 Rhocl = 2					
Brief Description of the Chara Nange Real Es NAMES AND ADDRES	cter of Business Conduc		ter Legg, Busina	esses I n The S aces before using 1	TOTE OF Rhode A
President Name Christopher Cogtes			Vice Fresident Name		
Fro. Box 2821/			Street Address		
9.0. BCX 28211 Providence	State <b>L</b> I	02968	City	State	Zip
Secretary Name			Treasurer Name Joshua M Coates		
Street Address			Street Address P. O. Box 28211		
îtv	State	Zip	cur Providence	State R.L	Zψ Q 2968 :
irector Name		CTORS: ("X" BOX FOR AT	TACHMENT)  FILL IN S	SPACES BEFORE USING	1 . 🔾
Christopher J. Cuytes Street Address P.U. Box 28211			Street Address N.		200
P.U. Box 28211 Providence	State R.E.	Zip 02408	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
ily	State	Zip	Сіцу	State	Zip
. SHARES AUTHORIZE	D I	l .	10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	 <i>"X" BOX FOR ATTACH</i> ION <u>MUST</u> BE COMPLETED	l 'MENT) □
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
			For Thworld	MONE	No par value
		e corporation by an authorize corporation by the receiver		poration is in the hands	of a receiver or trustee
ns report must be execu	ted on behan of the	e corporation by the receiver	of trustee.		
			Under penalty of per	jury, I declare and affirm th	ant I have avanished this re
<del>- FII</del>	.ED			panying schedules and stat	
File Data		THE STATE OF THE S	141	4	3/26/09
MAR 2	26 2009		Signature	has F.C. T.	Date 7
By	27		Print or Type Name	her J. Coutes	
FOR SECRETARY O	F STATE USE ONLY		[lreside	nT	
			Title		