

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

4. Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

4. 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. 7-1.2-150).

1 Corporate ID No. 76679	Barsery Unli	2. Name of Corporation  Barserv Unlimited, Inc.				
3. Street Address Principal Busines 1395 Atwood Avenue	s Office		<i>ா</i> ர Johnston	State	Zip	
4 Histness Phone No. 401-946-8132  5. State of Incorporation Rhode Island			RI	02919		
6. Brief Description of the Characte TO ENGAGE IN THE BUS 7. NAMES AND ADDRESSE President Name Robert Hart	SINESS OF EDUC	d in Rhode Island CATION AND INFORMING	G INDIVIDUALS ABOUT ACHMENT)  FILL IN Vice President Name	ALCOHOLIC SERVIC SPACES BEFORE USIN	ES G ATTACHMENTS	
Street Address 4 Cardinal Court		——————————————————————————————————————	Street Address			
West Warwick RI 2/19 02893			СНу	State	Zife	
Secretary Name Robert Hart			Treasurer Name Robert Hart			
Street Address 4 Cardinal Court Gire			Street Address 4 Cardinal Court			
West Warwick	RI RI SOF THE DIRECT	02893	City West Warwick	State RI	<sup>Zip</sup> 02893	
8. NAMES AND ADDRESSES Director Name Robert Hart	Of the Direct	ORS: ("X" BOX FOR AT	TACHMENT) [ FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
Street Address 4 Cardinal Court			Street Address			
ଆନ୍ West Warwick	State RI	<sup>Zip</sup> 02893	City	State	Zψ	
Piractor Name			Director Name			
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED	I		10. SHARES ISSUED  ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC	HMENT)	
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	
			1,000	Common	No Par	
his report must be executed of the part of	n behalf of the cor	poration by an authorized poration by the receiver of	Under penalty of per	jury, I declare and affirm to	that I have examined this retements, and that all states $3 39 09$	
By 206	9		Robert Hart Print or Type Name	•	Date	
FOR SECRETARY OF STAT	E USE ONLY		President			
			Title			