RI SOS Filing Number: 200944766220 Date: 03/31/2009 4:00 PM

[ORIG]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Divisio
148 W. River S
Providence, RI 02904-261
401.222.30

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(c), 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.

Corporate ID No.	2. Name of Corporation
37091	FAIRTAX LTD.

Street Address Principal Business Office	City	State	Zip
60 Warren's Point Road c/o E. Howland Bowen	Little Compton	RI	02837

Business Phone No.	3. State of Incorporation
(401) 635-4822 or (401) 635-4877	RHODE ISLAND

Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING SERVICES

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

President Name	Vice President Name
E. HOWLAND BOWEN	ROSEMARY M. BOWEN
Street Address: 60 Warren's Point Road	Street Address: 60 Warren's Point Road
City: Little Compton State: RI Zip: 02837	City: Little Compton State: RI Zip: 02837
Secretary Name	**Treasurer Name**
ROSEMARY M. BOWEN	E. HOWLAND BOWEN
Street Address: 60 Warren's Point Road	Street Address: 60 Warren's Point Road
City: Little Compton State: RI Zip: 02837	City: Little Compton State: RI Zip: 02837

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

Director Name	Director Name
E. HOWLAND BOWEN	ROSEMARY M. BOWEN
Street Address: 60 Warren's Point Road	Street Address: 60 Warren's Point Road
City: Little Compton State: RI Zip: 02837	City: Little Compton State: RI Zip: 02837
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300 NO PAR VALUE		

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
103	Common Par Value	None

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] [redacted]

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

E Howland Bowen 3/30/09
Signature Date

(E Howland Bowen)
Print or Type Name

President and Treasurer
Title

FILED
File Date MAR 31 2009
Check No. 2560
By:

FOR SECRETARY OF STATE USE ONLY

[redacted]