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
145573	Left Lane Management, Inc.

3. Street Address Principal Business Office	City	State	Zip
237 Castle Rocks Road	Warwick	R.I.	02886

4. Business Phone No.	5. State of Incorporation
401-886-9140	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide marketing, management and licensing and to transact any and all lawful business for which corporations may be incorporated under the Rhode Island business corporation act as same may be amended from time to time hereafter as same may be amended from time

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

President Name	Street Address	City	State	Zip
D. Deron Ellis	237 Castle Rocks Road	Warwick	R.I.	02886

Vice President Name	Street Address	City	State	Zip
D. Deron Ellis	237 Castle Rocks Road	Warwick	R.I.	02886

Secretary Name	Street Address	City	State	Zip
D. Deron Ellis	237 Castle Rocks Road	Warwick	R.I.	02886

Treasurer Name	Street Address	City	State	Zip
D. Deron Ellis	237 Castle Rocks Road	Warwick	R.I.	02886

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

Director Name	Street Address	City	State	Zip
D. Deron Ellis	237 Castle Rocks Road	Warwick	R.I.	02886

Director Name	Street Address	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
0	Common	No Par

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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 3/29/09

D. Deron Ellis
Print or Type Name

[redacted] President
Title

File Date	FILED
Check No.	MAR 31 2009
By:	By 1989

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Form 630 Rev. 08/08