

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	so 1(19) tuen temperanon ji	and the regarding to fine its uni	iuai report within thirty (30) days d	fter the time prescribed by law) (R.I.G.L. /-1.2-1501(c&d)) is	
1. Corporate ID No. 2. Name of Corporation						
[1012	MICCA	FALTY CO	RP.			
3. Silvet Address Principal Business C	lla or III		City	State	Zip	
4. Buyiness Phone No.	HOPE WA	6. State of Incorporation	Can B FALAR	DIKL	100-86X	
L (401) 723	8200	1 1/40	DE IS CANI	>		
6. Brief Description of the Character of Business Conducted in Rhode Island						
WAREHOUSE BODG TO AND 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name President Name						
KENNETH M. GAGNON SR			Vice President Name			
Street Address			Street Address			
POB 98			4 CONG-MEADON LANE			
CUMBERLIAWD Secretary Name	state RI	02864	LINGOL N	State RI	02867	
Secretary Name	111	,	Treasurer Name	Treasurer Name		
Street Address			STORY ALLDERS			
SAME			Sano-			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES	 OF THE DIRECTOR	 \$- ("Y" BOY FOD ATT	ACHHENT) [] EHI IN CI	A CDC DEPORT VICTOR		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name						
KENNATH MY GAGNON SA			KENNETH ME GAGNINTO			
FOB98			Street Address			
City	State ~	Zin	City 6 (0106)	MEA DOW	LN	
CUMBERLAND	火土	02864	LINCOLN	il L	02865	
HEID! E	6AGNO	N	Director Name			
Street Address 3 HEID! ROAD			Street Address			
City Lin COLN	State RZ	Zip 2865	City	State	Zip	
9. SHARES AUTHORIZED		1-0060	10 SHADES ISSUED AN	NA POR SOR AND A		
500 COM NO DAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of					To valle	
instruction sheet.	C		500	Com	de 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.						
			Under penalty of perju	ry, I declare and affirm tha	at I have examined this report,	
FILED including any accompanying schedules and statements, and that all statement contained berein are true and correct.						
						the small 1/4 / 1/64
Check No. MAR 3 1 2009					Date /	
By 1964			Print or Time Name			
By:	,		Print or Type Name			
FOR SECRETARY OF STAT	E USE ONLY		Table PICAS	CEO	·	
			Title /		Form 630 Rev. 08/08	