

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

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(ecd.d)) is white to a senalty file of \$25.00

1. Corporate ID No.	2. Name of Corporal	ion			
133775			rics, Inc.		
310 Atwood Avenue			City Cranston	State R I	Zip
	942 1300	5. State of Incorporation			02920
6. Brief Description of the Character	r of Business Conducted i	n Rhode Island	THOSE ISIGNO		
retail tex	ktile fabri	cs			• .
President Name	S OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) TFILL IN SP	ACES BEFORE USING	ATTACHMENTS
nenry A. McGinity, IV			Vice President Name Melissa M. McGinity		
310 Atwood Avenue			Street Address Same		
Cranston	State R I	^{Zip} 02920	City Same	State Same	zip same
Henry A. McGinity, IV			Treasurer Name Henry A. McGinityIV		
reet Address Same			Street Address Same		
same	State Same	zip same	City	State	Zip
NAMES AND ADDRESSES	OF THE DIRECTO		same	same	
rector Name Henry	A. McGinit	у, IV	TACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
reet Address Same			Street Address		
same	State Same	Zip Same	City	State	Zip
rector Name	J	1	•		
			Director Name		
reet Address			Street Address		
ly .	State	Zip	City	State	Zip
shares authorized 500 no par common			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
is information is currently of	of record in the Offi	ce of the Secretary of	ISSUED SHARES — THIS SECTION Number of Shares		
his information is currently of record in the Office of the Secretary of ate. Changes require an additional filing. See Section 9 of struction sheet.			100	Class√Series C O M M O N	Par Value none
s report must be executed or	n behalf of the corn	oration by			
s report must be executed on	behalf of the corpo	ration by an authorized	representative. If the corpor	ration is in the hands of	a receiver or trustee,
		me receiver of	Hustee.		•
•			Madana to a		
		•	including any accompan	, I declare and affirm that ying schedules and statem	have examined this repo
DateFILED			contained herein are true	and correct.	ents, and that all statemer
			1/1/10		2/6/09
* No. MAR 3 1 2009		(Signature	N Ci	Date Date
7 VI. A			Henry	A. McGinity	, IV
FOR SECRETARY OF STATE	USE ONLY		Print or Type Name Presi	lent	
	- 22 01121		Title		