

3. Street Address Principal Business Office 1151 Main Street

4. Business Phone No.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02860-4807

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation

2. Name of Corporation Scarborough Faire, Inc

RΙ

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. 9020

City Pawtucket

401-724-4200		RI				
6. Brief Description of the Character of Manufacturer antique auto p	f Business Conducted in Rl arts	bode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	_	ES BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
Kenneth Bruce Street Address			Cecelia Bruce Street Address			
46 Crestwood Road			46 Crestwood Road			
City Cranston	State RI	^{Zip} 02920-6131	City Cranston	State RI	<i>^{Zip}</i> 02920-6131	
Secretary Name Cecelia Bruce			Treasurer Name Kenneth Bruce			
Street Address 46 Crestwood Road			Street Address 46 Crestwood Road			
City Cranston	State RI	_{Zip} 02920-6131	City Cranston	State RI	<i>Zip</i> 02920-6131	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	CES BEFORE USING AT		
Director Name			Director Name			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City	State	Zip	
Director Name			Oirector Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip - 2	
9. SHARES AUTHORIZED			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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			1000	Common	No Par	
			1. J. V			
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 perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all stateme						
File Date	LED		contained herein are true	contained herein are true and correct.		
Check NoADD 1	5 2009 (a)	-/	Kenneth Bruce			
	7 16/19/1	/	Print or Type Name			
FOR SECRETARY OF STATE USE ONLY			■ President			
			Title	· · · · · · · · · · · · · · · · · · ·		
	<i>-</i>				Form 630 Rev. 08/08	