

subject to a penalty fee of \$25.00.

Street Address

9. SHARES AUTHORIZED

instruction sheet.

State

State. Changes require an additional filing. See Section 9 of

This information is currently of record in the Office of the Secretary of

City

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

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

2. Name of Corporation 3. Stree 02892 タコ Mallas test 5. State of Incorporation the Character of Business Conducted in Rhode Island COVIENCE STOSE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name 101 Street Address State Zip Secretary Name Treasurer Name Street Address Street Address City State Ζip City State 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACH · Director Name Street Address Street Address <u>C</u> Zip___ City State Zip City State Director Name Director Name 05

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.

Street Address

Number of Shares

100

State

Class/Series

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

ISSUED SHARES --- THIS SECTION MUST BE COMPLETED

City

| | | | | | ve examined this report, , and that all statements |
|-----------|-----------------------------|---------------|-------------------------|-------------------|---|
| | FILED | contained her | rein are true and corre | ct. | |
| File Date | - FILEU | del | order P | onodi | H13/09 |
| Check No. | APR 1 6 2009 | Signature | na chiao | Madi ^o | ue |
| Ву: | By Dagger | Print or Type | Name | 11001 | |
| FOR | SECRETARY OF STATE USE ONLY | Title | esident | | |

Par Value

No