



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. 135200		2. Name of Corporation DESANA PARTNERS, INC.			
3. Street Address Principal Business Office 68 FOX RUN			City CRANSTON	State RI	Zip 02921
4. Business Phone No. 401-942-5640		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE MANAGEMENT SERVICES TO ORGANIZATIONS THAT PROVIDE PERSONAL AND PROFESSIONAL BENEFITS & SERVICES TO TAXICAB DRIVERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN COLLINS			Vice President Name		
Street Address 68 FOX RUN			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name STEVEN COLLINS			Treasurer Name STEVEN COLLINS		
Street Address 68 FOX RUN			Street Address 68 FOX RUN		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEVEN COLLINS			Director Name		
Street Address 68 FOX RUN			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	COMMON	NO PAR	80	COMMON	NO PAR

RECEIVED  
CORPORATIONS DIVISION  
APR 29 PM 1:25  
STATE

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.

**FILED**  
File Date  
Check No. **MAY 01 2009**  
By: 564 & 68615  
FOR SECRETARY OF STATE USE ONLY

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: [Signature] Date: 3-15-09  
**STEVEN COLLINS**  
Print or Type Name  
**PRESIDENT**  
Title