



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(codd)) is subject to a penalty fee of \$25.00.

1 Contravita ID No. 2 Name of Contravita					
1. Corporate ID No. 74263	2. Name of Corporation South Street Investments, Inc.				
3. Street Address Principal Business Office			City	State	Zip
54 South Street			Providence	RI	02903
4. Business Phone No. 5. State of Incorporation					
(401) 454-5360 Rhode Is1a 6. Brief Description of the Character of Business Conducted in Rhode Island			and	· · · · · · · · · · · · · · · · · · ·	
Purchasing, hold			of worl ontate		
7. NAMES AND ADDRESSES	OF THE OFFICER	THE THE SETTING	or rear estate.	RACEC BEROBE TICIN	C AMPACES AND THE
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAG President Name			Vice President Name		
Lucy Kieltyka			Paul Kieltyka		
Street Address			Street Address		
54 South Street			54 South Street		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name Lucy Kieltyka			Treasurer Name Paul Kieltyka		
Street Address			Street Address		
54 South Street			54 South Street		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR ATT		SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
***************************************	<u>]</u>				
Director Name			Director Name	••••••••••••	***************************************
C.,					
Street Address			Street Address		
City	State	Zip	City	State	Zip
O CHARDS AUTHORITON	1			I	
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			Number of Sources	Classy series	Par vante
			1000 Shares		No Par Value
This report must be executed	on behalf of the co	rporation by an authorize	d representative. If the co	rporation is in the har	nds of a receiver or trustee,
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.		
			Under penalty of per	rjury, I declare and affire	n that I have examined this repor
	 .	7	contained herein are	true and correct.	statements, and that all statement
File Date	LED		The state of		9
			Signature	U WAG	Date
Check No. MAY	04 2000	.	Eucy Kieltyka Prins or Type Name		
"			President		
FOR SECRETARY OF ST	ATE USE ONLY		Title		