

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-3 7 101.2-2,5040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2,009. 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 subject to a penalty fee of \$25,00.	-1501(e), each corporation	n failing or refusing to file its ann	nual report within thirty (30) days aft	er the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate 10 No.	2. Name of Corporation	sh Advertis	sing, Corporo	ition	
3. Street Address Principal Business PO COX 34	Office		jawłucket	State PI	02862
4. Business Phone No. 401-345-193		5. State of Incorporation Phode	\		10002
6. Brief Description of the Character			23,010		*****
	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT)  FILL IN SPACE	CES BEFORE USING A	TTACHMENTS
Blanca Sofia Escobar			Blanca Solia Escobar		
Street Address 854 Dexter St			Street Address POBOX 344		
Central (alls	State PI	02963	Pawtocket	State 2 I	<sup>Zip</sup> 07962
Same			Same.		
Street Address			Street Address		
City	State	Zip	CH):	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City	State	Zip	Chy	State	ZIP
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	: Cuy	State	Zip
9. SHARES AUTHORIZED 200			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 Vidue
			200	STK	NONE BY
This report must be executed this report must be executed	on behalf of the cor on behalf of the cor	rporation by an authorize poration by the receiver of	d representative. If the corport trustee.	ration is in the hands of	of a receiver or trustee,
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					at I have examined this report
			including any accompa- contained herein are tru	nying schedules and state e and porrect.	ments, and that all statemer to
File DateFILED_			Blauca S Signature	Scobar.	4-10-09 Date
Check No. MAY 0 7 200	9		_ 1	Escubar	rate
BV -BV /315 4/336			Print or Type Name	1	-
FOR SECRETARY OF ST	ATE USE ONLY		Vresidex	<u>)                                    </u>	
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