



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. 59709		2. GILLETTE OF KINGSTON, INC					
3. Street Address Principal Business Office 716 SOUTH COUNTY TRAIL (Rt2)		City EXETER	State RI	Zip 02822			
4. Business Phone No. NOI 295 2770		5. State of Incorporation RI					
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL GARDEN, FARM & PET STORE							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name TIMOTHY GILLETTE		Vice President Name TIMOTHY GILLETTE					
Street Address 716 SOUTH COUNTY TRAIL		Street Address 716 SOUTH COUNTY TRAIL					
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822		
Secretary Name TIMOTHY GILLETTE		Treasurer Name TIMOTHY GILLETTE					
Street Address 716 SOUTH COUNTY TRAIL		Street Address 716 SOUTH COUNTY TRAIL					
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE		Director Name NONE					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name NONE		Director Name NONE					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares 4,000	Class/Series STK	Par Value 0

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.

File Date	FILED
Check No.	MAY 07 2009
By:	By 182042/1845
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.

X X 1/8, 09  
Signature Date  
TIMOTHY GILLETTE  
Print or Type Name  
PRESIDENT  
Title