

t Address Principal Business Office

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

Inc.

Providence, RI 02904-2615 401.222.3040

2400814

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2. Name of Corporation

renegade

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(e&d)) is subject to a penalty fee of \$25.00.

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Director Name   Director Nam	(iii)	· · · · · · · · · · · · · · · · · ·	51109814	Gity	State	Zip
Street Address  State  Ztp  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.  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.  Under penalty of perjury. I declare and affirm that I have examined this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury. I declare and affirm that I have examined this report must be executed on behalf of the corporation by the receiver or trustee.  Street Address  State  Ztp  State  Ztp  State  Ztp  Date  PAT Value  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.  Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements commenced herein are true and declared and affirm that I have examined this report including any accompanying schedules and statements, and that all statements commenced herein are true and declared the receiver or trustee.  File Date  Fi	8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	. —	PACES BEFORE USIN	G ATTACHMENTS
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File Date  MAY 11 2009  Check No.  By:  For Secretary of State Use ONLY  Including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature  Patricia A Dilybile  Print or Type Name  Title	this report must be executed	f on behalf of the cor	poration by the receiver	or trustee.		
File Date  MAY 11 2009  Check No.  By:  For Secretary of State Use ONLY  Including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature  Patricia A Dilybile  Print or Type Name  Title				Under penalty of per	jury. I declare and affirm	that I have examined this report,
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