

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 $\underline{^{2009}}$

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(cc/d)) is subject to a penalty fee of \$25.00.

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1. Cortingeto ID No. 1 2	2. Name of Corporation				
<u> </u>		ISTRIBUTION SERV	ICES INC.		
3. Sireet Address Principal Business Office 401 HWY 43E & COTTONWOOD ROAD			Gity HARRISON	State AR	72602
4. Business Phone No.		5. State of Incorporation	<u>.</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
860-779-2800		DE			
6. Brief Description of the Character of		Rhode Island			
Wholesale and Distribution					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING.	ATTACHMENTS
President Name			Vice President Name		
Steven L. Spinner			Daniel V. Atwood		
Street Address			Street Address		
260 Lake Road			260 Lake Road		
City	State	Zip	Cuy	State	Zip
Dayville	CT	06241	Dayville	CT	06241
Secretary Name	•	****************************	Treasurer Name	***************************************	*******
Mark E. Shamber			Mark E. Shamber		
Street Address			Street Address		
260 Lake Road			260 Lake Road		
City	State	Zip	City	State	Zip
Dayville	CT	06241	Dayville	CT	06241
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL I	N SPACES BEFORE USING	G ATTACHMENTS
Director Name			Director Name		
Steven L. Spinner			none		
Street Address			Street Address		
260 Lake Road			•		
City	State	Zip	City	State	Zip
Dayville	СТ	06241			·
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name		
Daniel V. Atwood			none		
Street Address			Street Address		
260 Lake Road					
City	State	Zip	City	State	Zip
Dayville	CT	06241	•		T.
9. SHARES AUTHORIZED	ı	1	: 10. SHARES ISSUED	 ("X" BOX FOR ATTACE	I HMENT) □
				ECTION MUST BE COMPLETED	
This is formation		C.1. C.	Number of Shares	Class/Series	Par Value
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.			The state of the s	vanavarira	I WI VALUE
			1000	Common A	\$1.00
maduction sheet.					
			<u> </u>		
This report must be executed	on behalf of the corp	poration by an authorize	d representative. If the	corporation is in the hands	of a receiver or trust
this report must be executed	on behalf of the corp	oration by the receiver of	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		
File Date FILED	contained herein are true and correct.		
Check No. MAY 1 5 2009	Signature Date		
Check No. MIPAL 10 ZUUS	Mark E. Shamber		
By: By 12/650	Print or Type Name		
FOR SECRETARY OF STATE VICE ONLY	Treasurer		
FOR SECRETARY OF STATE USE ONLY	Title		