

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

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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.	. 1901(19), 1440, 401,401,401				
1. Corporate IP No.	2. Name of Corporation	ne Bros, Ir			
3. Street Address Principal Business	Office 2070	94	Craston	State KI	Zip 02920
4. Business Phone No. 401 - 944 -	5180	5. State of Incorporation :	de Island		
6. Brief Description of the Characte	r of Business Conducted in 1	Rhode Island	trac fors	•	
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BÓX FOR ATTA	CHMENT) 🔲 FILL IN SI	PACES BEFORE USING A	<b>ITACHMENTS</b>
President Name			Vice President Name  JOSUPH CArbone		
Street Address / May Annola Rd			Street Address J SINLY FIXABLE		
City () AAS +TO	State RI	02921	( rans for	State RI	zip 02921
Secretary Nume /// Che le Carboxe			Treasurer Name Joseph Carbone		
Street Address  A 11 bo Ve			Street Address A5 a bove		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	RS: ("X" BOX FOR ATT	ACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name Michele arbine			Director Name Joseph Carbone		
Street Address AS ABOVL		AS about			
City	State	Zip	City	State	Zip
Director Name De VNA	vd (arb	NU NU	Director Name	•••••••	
Street Address			Street Address		
City ( ronville	State P.Z	Zip 02828	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
771.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1	Top of the Country of	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.		300	Comm	no par value	
This report must be execute				orporation is in the hands	of a receiver or trustee,
this report must be executed	d on behalf of the corp	poration by the receiver	or trustee.		
				·	
			Under penalty of pe	erjury, I declare and affirm the	at I have examined this report, ements, and that all statements
		7	contained herein ar		- / /- 0
File Date			Mul	uffe	- 3/31/07
FILE	<b>—</b>		Signature A 1 / Pate		
Check No	200		Print or Type Name		
MAY 1 9 20	UU Tari				
By STARY OF STATE LIST THEY			Alise du T		
FURCINE STRUCTURE OF S	MARE UNE ONLY		Title	<del>, ' </del>	