



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 57248		2. Name of Corporation Thresholds, Inc.	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 5 Thurston St	
		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David Karoff		Vice President Name Carlo Ruggieri	
Street Address 5 Thurston St		Street Address 23 Dixon St	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Ellen Schwartz		Treasurer Name Ellen Schwartz	
Street Address 71 Bernard St		Street Address 71 Bernard St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name David Karoff		Director Name Carlo Ruggieri	
Street Address 5 Thurston St		Street Address 23 Dixon St	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Ellen Schwartz		Director Name	
Street Address 71 Bernard St		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUN 02 2009
Check No.	By 1051
By:	

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.

Signature of Officer David Karoff Date 6/1/09

Print or Type Name of Officer

David Karoff
President