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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

** In accordance with R.I.G.L. 7-1.2-1503(a), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1503(a)&(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
67828	Fiore Resource Industries, Inc.			
3. Street Address Principal Business Office		City	State	Zip
145 FIORE INDUSTRIAL DRIVE		WAKEFIELD	RI	02879-
4. Business Phone No.	5. State of Incorporation			
4017897900	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE, BUY, PURCHASE, LEASE, GIFT, DEVISE OR OTHERWISE DEAL AND DISPOSE OF REAL ESTATE

President Name			Vice President Name		
Roland J. Fiore			Holly Fiore		
Street Address			Street Address		
145 Fiore Industrial Drive			145 Fiore Industrial Drive		
City	State	Zip	City	State	Zip
Wakefield	RI	02879			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	Common	No Par

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.

[redacted] 6 7 8 2 8

FILED
JUN 04 2009
By

[redacted]

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[redacted]

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 Date

Roland J. Fiore
Print or Type Name

President
Title

Form 630 12/05

34669-1-362615