

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 209

4. 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 1 7-12-1501(4) each controller Gillion with R I G 1 7-12-1501(4) each controller Gillion with R I G 1 7-12-1501(4) each controller Gillion with R I G 1 7-12-1501(4) each controller Gillion with R I G 1 7-12-1501(4) each controller G 1 7-12-1501(4) each controlle

subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its an	inual report within thirty (30) days afi	er the time prescribed by law	(R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 135061	2. Name of Corporation		0~			
3. Street Address Principal Rusiness (Office	HNNY B	TRUTESSIENAL	PJ SCRIVI	CÉ INCORFORA) Zip O2889	
35 CARLY	TOU AU	2	WARWALK	State RT	C2889	
4. Business Phone No. 4/01 - 741 - 3	17.7	5. State of Incorporation				
6. Brief Description of the Character	of Business Conducted in	Rhode Island	DE JSLAND	<u> </u>		
しつむ ひったん	KV SERV	<i>∆ce</i>				
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	S: ("X" BOX FOR ATTA	ACHMENT) FILL IN SPAC	CES BEFORE USING A	TTACHMENTS	
JOHN J BERNARDO			Vice President Name			
Street Address			Street Address			
CHY ARWICK STATE RJ C2889						
WARWICK	State P T	C2889	City	State	Zip	
Secretary Name	1		Treasurer Name			
NONE			\perp \sim \sim \sim \sim) N E		
Street Address			Street Address			
City	State	Zip	City	State	216	
		1 -			Zip	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING	ATTAO HENTS	
NONE			Director Name			
Street Address			Street Address		경 골등(円	
City	T _G , , ,	T=			S ARE	
ne.	State	Zip	City	State	Zip = 50 <	
Director Name	J		Director Name		Z 0000	
Company of the Compan						
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			•	-		
5. SHARES AUTHORIZED			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.			Number of Shares	Class/Series	Par Value	
			100 808		100 / 100	
			100 JAR	30 T = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
This report must be executed of	on behalf of the cor	poration by an authorize	ed representative. If the corpo	ation is in the hands o	f a receiver or trustee	
his report must be executed o	n behalf of the corp	oration by the receiver	or trustee.	action is in the hands o	i a receiver of trustee,	
			Under penalty of perjury	, I declare and affirm that	I have examined this report, nents, and that all statements	
ru En		1	contained herein are true	and correct.	nents, and that all statements	
File Date FILED			De franch	Signature Deverable 3-1-09		
Check No. JUN 1 4 2009			Signature	- 1	Date	
10	7		JOHO	J BERN	ARDO	
By:	<u>/</u>	_	Print or Type Name			
FOR SECRETARY OF STAT	E USE ONLY		PRE SI	DeNI		
		j	Title			