

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

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(c6'd)) is

"In accordance with R.I.G.L. 7-1.2-1501(e), each corporation jatus subject to a penalty fee of \$25.00.	ig to regularing to just to minima	at report within this ty (50) ways to see	an time preservoice by man (10).	0.12. 7 - 7.12 - 1.	1)
1. Corporate ID No 2. Name of Corporation	Services ,-	Tne		29	***
		C700 1 0 1	State	700	1, 1, 1
3. Street Address Principal Business Office 50-60 Hanover Road	- Forham Park	" New Jersay	099	13Qi	
4. Business Phone No. 973 966-2469	5. State of Incorporation NEW Te	rsey		15	
6. Brief Description of the Character of Business Conducted in Rho			PM		
7. NAMES AND ADDRESSES OF THE OFFICERS: (CHMENT) [] FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	CHM PO T	s er	
President Name Promand J. USIOII		Davide P	noon	- 6	гл 2.
50-60 Hanover Road		8000 W Florissant AUC			
Gly Florham Park State W	07932	St Louis	State	21.6 3L	36
Christopher 6, Walch		<u> </u>	Nan	*	
50-60 Handver Road		Street Address 50-60 HOI	nover Road		
Florham Park State UT 8. NAMES AND ADDRESSES OF THE DIRECTORS:	7932) ("X" BOX FOR ATT.	Florham Park	CES BEFORE USING AT	240 079	32
Director Name E. K. FORDEY		Director Name Dr Mand J DISIDIS			
Street telephone		Strant Address		- d	
8000 W Florissant	yve	_	anover Ro	90	
St Louis State MO	6313b	FlorhamPork	State	²⁴ 079	<i>32</i>
Eamon ROWAN		Director Name (1 x10 ne)			
Screen Address 50-60 Hanover ROAd		Street Address			
	zip 07932	Сйу	State	Zip	
9. 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	CNP	\$0	.00
This report must be executed on behalf of the corpor this report must be executed on behalf of the corpor			ration is in the hands of	receiver	or trustee,

Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all states.	
including any accompanying schedules and statements, and that all statements and statements and that all statements are statements.	ements
contained therein are true and correct.	ì
File Date Chryfort) Cent 1/10	·
Signature Date	
Check No. JUL 15 2009 Chrict MODOC Golden	
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By By OG463/ SHOLL Print or Type Name	
Secretary Secretary	
FOR SECRETARY OF STATE USE ONLY Title	
Form 630 Rev. 08	/()8