

A. Ralpb 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.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.						
1. Corporate VIA 500 L. Arme of Corporation 2TD.						
3. street Address Principal Business O	Side Or		Tructon	State RI	02878	
4. Bustness Phone No. 401-816-0	269	5. State of Incorporation				
6. Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACE President Name::			CHMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATT	ACHMENTS	
Julnsen DHay Street Address 255 Riversider Dr City State RE Zip C2878			Street Address			
255 Riversider Or City_ State Zip						
Tiversen	RF	C2878	Сиу	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	Siate	Zip	Сиу	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	1 000 1 000	
Director Name			Director Name	***************************************	N 550	
Street Address			Street Address			
City	State	Zip	City	State	COP DIA STO	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			9400 autho	VIS-od		
			none Isso	od		
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.						
Under penalty of perjury, I declare and affirm that I have examined this report,						
including any accompanying schedules and statements, and that all state contained herein are true and correct.						
Signature Signature Signature Date						
Check No. JUL 22 (803) Print or Type Name						
FOR SECRETARY OF STA	TE USE ONLY		Presidon	7		
Title Form 630 Rev. 08/08						