

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

401.222.3040

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its an	nual report within thirty (30) days afte	er the time prescribed by law (	(R.I.G.L. 7-1.2-1501(c&d)) is	
1-215001	2. Name of Corporation			<del>78 · · · · · · · · · · · · · · · · · · ·</del>		
3			Tiverton	State R I	02 F 78	
4. Business Phone No. 5. State of Incorporation 4/01-8/6-0269					102170	
6. Brief Description of the Character	of Business Conducted in	Rhode Island				
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACE	ES BEFORE USING AT	PTACHMENTS	
Johnson D. Hay			Vice President Name			
255 Rivivside Dv.			Street Address			
Tivevian	State O2 I	<sup>Zip</sup> U2978-	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zal Single	
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	Sar Value	
			none- Iss	od	S VA	
			none- Iss	red	•	
This report must be executed this report must be executed or	on behalf of the corp on behalf of the corp	poration by an authorize oration by the receiver of	d representative. If the corpor or trustee.	ration is in the hands of	f a receiver or trustee,	
			Under penalty of perjury	Under penalty of perjury, I declare and affirm that I have examined this report,		
FIL	ED	]	including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
File Date JUL 2 2	2009		Signatury Date			
Check No. By	25		Johnson D. Hay			
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name  V 15/10/5			