RI SOS Filing Number: 200948277920 Date: 07/29/2009 11:19 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000092522

2. Name of Corporation Trimix Foundation

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: C/O REX CAPITAL ADVISORS; ATTN: M. THIBAULT
50 PARK ROW WEST; STE. 113
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS, CHARITABLE, SCIENTIFIC, TESTING FOR PUBLIC SAFETY, LITERARY OR EDUCATIONAL PURPOSES OR TO FOSTER NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GAILS S MIXER	50 SOUTH POINTE DR; UNIT 2402 MIAMI BEACH, FL 33139 USA
DIRECTOR	GAIL S MIXER	50 SOUTH POINTE DR. UNIT 2402 MIAMI BEACH, FL 33139 USA
DIRECTOR	DAVID P MIXER	50 SOUTH POINTE DR. UNIT 2402 MIAMI BEACH, FL 33139 USA
DIRECTOR	DEBORAH KAZLAUSKAS	11 CARNIVAL TERRACE WEST WARWICK, RI 02893 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MATTHEW A. THIBAULT, CPA 50 PARK ROW WEST, SUITE 113 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 29 Day of July, 2009 at 11:22:57 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GAIL S. MIXER
Signature of Officer of the Corporation

X President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07