RI SOS Filing Number: 200948825400 Date: 08/05/2009 4:00 PM

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

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 2009

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 ID No.	2. Name of Corporation		
000121810	ENHALE, INC.		
3. Street Address Principal Business Office	City	State	Zip
64 Farmview Dr.	Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation		
401-781-1700	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Norman A. Hale	Elizabeth V. Hale
Street Address	Street Address
64 Farmview Drive	64 Farmview Drive
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Secretary Name	Treasurer Name
Norman A. Hale	Elizabeth V. Hale
Street Address	Street Address
64 Farmview Drive	64 Farmview Drive
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Norman A. Hale	
Street Address	Street Address
64 Farmview Drive	
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

2009 AUG -5 AM 9:05 RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
8,000	STK	0.00

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.

[redacted]

FILED
AUG 05 2009
By DMD

[redacted]

File Date	
Check No.	29-96013
By:	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature _____ Date August 5, 09

Norman A Hale
Print or Type Name

President
Title

Form 630 Rev. 08/08

36531-11-393412