25 2000 9 361 12,000



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

#01.222.30

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(e)d) is

subject to a penalty fee of \$25.00.	z-1501(e), euch torporanoi	i jaurng or rejusing to jue us ani	iuai report within thirty (50) aays	after the time prescribed by law (K.I.G.L. /-1.2-1501(v@d)) 18
1. Corporate ID No.	2. Name of Corporati	on	- 		
108857	L hauvi	n Arnoux	Lyc.		
3. Street Address Principal Business	Z)		City:	State // //-	Zip
15 Ygngd.	ay Dr.	5. State of Incorporation	Dover	Nit	03820
	a H 34	1 ' ' '			
603-749-4	r of Business Conducted in	r Rhode Island			
Home OFA	Fice For	Sales 149ngge	d'		
Home OFF. 7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) [FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name	2	
Win Throp D. Smith			· · · · · · · · · · · · · · · · · · ·		
Street Address 15 For markets	, Dh		Street Address		
City City	State	Zip	City	State	Zip
Daver	NH	03820			'
Secretary Name			Treasurer Name		
Michael M. Wansmeier Esq.			N A		
Street Address			Street Address		
City	State	Zip	City	State	1 7/25
Littleton	N'H	035-4	i unip	Ottite:	Zip
8. NAMES AND ADDRESSE	S OF THE DIRECTO		: [ACHMENT]	I SPACES BEFORE USING A	ATTACHMENTS
Director Name			Director Name	1	
Daniel Y Arnoux			Axel Hrnogy		
Street Address	C01	,	Street Address	\bigcirc	1
190 rue (Nampion	167	190, V4E	Mampione	/-
75971 P.	J=rance	(edex 18	75-876 Paris	State-	20 1 10 10 I
Director Name	J. I. VAMCE	TRUENTA	Director Name	1-1911ce	TICAEX IX
			TATECTOT (VATING		
Street Address			Street Address		
City	State	Zφ	Gity	State	Zip
		ł			
9. SHARES AUTHORIZED				"X" BOX FOR ATTACHM	(ENT)
			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 Victue
			200	Common	No Par
				Common	100 197
This report must be execute	d on behalf of the co	rnoration by an authorize	ed representative. If the con	rnoration is in the hands of	f a recoiver or tructee
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.	porunon is in the numes o	i a receiver or trustee,
			Under penalty of per	jury, I declare and affirm that	Lhave avamined this report
				panying schedules and staten	
			contained herein are		
File Date			Anita (bulue	8/19/2009
FILED			Signature		Date
Check No.			Anito	(ogtare	
AUG 2 4 2009			Print or Type Name		
-/		_	ASST	Tregsare	r
By FOR SECRETARY OF S	fayte v/se only/		17 3 5 1 . Title	11093910	