

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 2005

401.222.3040

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&rd)) is)

nubject to a penalty fee of \$25,00.

			nual report within thirty (30) days after		JLACK INK. J.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No.  3 O 6 4 9 7  LINDLEY ACQUINITIEN CORP  3. Street Address Principal Business Office  2 C 1 W ALLACE STREET  4. Business Phone No.  2. Name of Corporation  City  NEW PAUEN  State  74  CF  C65/1						
306497 LINDLEY ACQUINITION CORP						
3. Street Address Principal Business Office			City	State	Zip	
201 WALLA	E STREE	<i>T</i>	NEW HAVEN	C >	06511	
2C3 - 777 - 3598 C7  6. Brief Description of the Character of Business Conducted in Rhode Island						
l _					<del>"                                    </del>	
FOCO SERVICE	BUSINES					
President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS			
			Vice President Name			
Street Address			MARK CERRETA			
Street Address 83 RED BARN ROAD City MONROE CT 06468			Street Address			
City	7/C/V / C/J	<i>D</i>	City TRUMBULL	POST ROA	0	
MANACA	State	210	City	State	Zip	
Secretary Name	1	100700	THUMBULL	CT	06611	
MARK CERRETA			Treasurer Nume			
Street Address			MARIL CERRETA			
11 HITCHING POST ROAD City State Zip			÷ · · · · · · · · · · · · · · · · · · ·			
City	Sign	70	City TRAINC	POIT ROM	0	
TRUMBULL	C =-	06611	City	State	Zip	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	C/6 G / /  - ("Y" ROV FOD AT	· / K to 10 15 (61)	· ^		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			Director Name			
CII REDT ROSSEMANDO			1			
GICBERT RESSEMANDE Street Address			New E			
Street Address  83 REO BARN Re AD  City  MCNREE  CT  CHARLE  CT  CT  CHARLE  CT  CT  CHARLE  CT  CT  CT  CT  CT  CT  CT  CT  CT  C			<b>:</b>			
Clip	State	ZiD	Newe City	State	Ta:	
MONREE	107	06468	New E	ì	Zip	
Director Name	<del>}</del>		Director Name	NONE	Newer	
MARK CERRETA			Nene			
Street Address			Street Address			
11 HITENME PEST READ  City State Zip  TRUMBULL (7 06611			NUNE			
City	State	Zip	City	State	Zip	
TRUMBULL	17	08811	NONE	N 6 ~ 6~	News	
9. SHARES AUTHORIZED	SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
10,000 SH AUTHER/200			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 Value	
					NE PAR	
			200 SH ISSUED	COMMEN	LA STATED	
				Sept. 2 Names	. V/11/20	
			べっぺゃ	NENE	~ c~ c-	
This report must be executed of	on behalf of the corpo	ration by an authorize	d representative. If the corpora	tion is in the hands of a	receives or two	
this report must be executed o	n behalf of the corpor	ration by the receiver o	or trustee.	ion is in the hands of a	receiver or trustee,	
			h			
			Under penalty of perjury, I	declare and affirm that I b	nave examined this report,	
			continued herein are true a	including any accompanying schedules and statements, and that all statements contained harein are true and correct.		
File Date			/ <b>X</b>   <b>Z</b>	8 /20 /09		
TILED			Signature 1			
Check No.	<u> </u>					
AUG 2 4 2009 /			Gilbert J Rossomando			
By:	4		Print or Type Name  PESI DE A			
By ECRETARY OF STATE	E USE ONLY					
- TABLER OF SIM	L OGS ONLY		Title			