STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

***Filing Period: January 1 - March 1 • Filing Fee: $50.00* 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			
63029	ISCHIA INC			
3. Street Address Principal Business Office		City	State	Zip
1191 POST ROAD		WARWICK	RI	02888
4. Business Phone No.	5. State of Incorporation			
(401) 467-3171	Rhode Island			

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

7. NAMES AND ADDRESSES OF THE OFFICERS (DO NOT LEAVE BLANK) ☐ SEE ATTACHED ADDITIONAL ADDRESSES ATTACHMENT

President Name			Vice President Name		
FRANK NERI			Joseph M NERI		
Street Address			Street Address		
1006 POST ROAD			1006 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Secretary Name			Treasurer Name		
THERESA MURPHY			FRANK M NERI		
Street Address			Street Address		
1006 POST ROAD			1006 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888

8. NAMES AND ADDRESSES OF THE DIRECTORS (DO NOT LEAVE BLANK) ☐ SEE ATTACHED ADDITIONAL ADDRESSES ATTACHMENT

Director Name			Director Name		
FRANK NERI			Robert J. NERI		
Street Address			Street Address		
1006 POST ROAD			1006 POST Road		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Director Name			Director Name		
FRANK M. NERI			ONE		
Street Address			Street Address		
1006 POST ROAD					
City	State	Zip	City	State	Zip
WARWICK	RI	02888			

9. SHARES AUTHORIZED (DO NOT LEAVE BLANK) ☐ SEE ATTACHED ADDITIONAL SHARES ATTACHMENT

10. SHARES ISSUED (DO NOT LEAVE BLANK) ☐ SEE ATTACHED ADDITIONAL SHARES ATTACHMENT

AUTHORIZED SHARES			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	Comm	No Par Value	2000	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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]

63029
Date FILED
Check No. AUG 25 2009
By 1980 + 7486
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 8-11-09

FRANK NERI
Print or Type Name

PRESIDENT
Title