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

'ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

iling 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(c), 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 bject to a penalty fee of $25.00.

Corporate ID No.	*2. Name of Corporation*
150054	PyramidRI, Inc.

Street Address Principal Business Office	*City*	*State*	*Zip*
'452 BRONCOS HIGHWAY	BURRILLVILLE	RI	02830

Business Phone No.	*5. State of Incorporation*
401-568-6800	RI

Brief Description of the Character of Business Conducted in Rhode Island
:LASS A

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

sident Name	*Vice President Name*
HRISTOPHER GOSETTI	STEVEN GOSETTI
ss Address	*Street Address*
5.5 SHERRI DRIVE	118 HAROLD STREET
y / *State* / *Zip*	*City* / *State* / *Zip*
. PROVIDENCE / RI / 02911	PROVIDENCE / RI / 02908
:retary Name	*Treasurer Name*
ss Address	*Street Address*
y / *State* / *Zip*	*City* / *State* / *Zip*

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

ector Name	*Director Name*
ss Address	*Street Address*
y / *State* / *Zip*	*City* / *State* / *Zip*
ector Name	*Director Name*
ss Address	*Street Address*
y / *State* / *Zip*	*City* / *State* / *Zip*

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SHARES AUTHORIZED

is information is currently of record in the Office of the Secretary of te. Changes require an additional filing. See Section 9 of truction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
500	COMMON	0.01

s 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, s report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[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* 8/21/09

Christopher Gosetti
Print or Type Name

Pres.
Title

[redacted]

Date FILED
ck No. SEP 14 2009
By 986646
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