

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 00 9 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.	subject to a penalty fee of \$25.00.					
1. Corporation 2. Name of Corporation RTH Entenprises						
3. Street Address Principal Business Office 1745 Main St		Cuy Waru. K	State RJ	02893		
4. Business Phone No. 401 826 5239 5. State of Incorporation						
6. Brief Description of the Character of Business Conducted in Rhode Island						
Taches Only GVW1 7. Names and addresses of the officers: ("x" box for attachment) ☐ fill in spaces before using attachments						
Toanne Hendricks			Vice President Name			
street Address 12 Haums OR			Street Address			
Coverany	state RT	24 C 281 G	City	State	Zip	
Secretary Name			Toanne Hendricks			
Street Address			12 Hans DR			
City	State	Zip	Coventry	State RT	24p 02816	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	i	i	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	0	
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.						
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements.						
File Date FILED			contained herein are true and correct.			
Check No. SFP 3 0 2009						
By: By //64 Print or Type Name Draw 1						
FOR SECRETARY OF STATE USE ONLY						
Form 630 Rev. 08/08						