

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401.222.3040

In accordance with R.I.G.L. 7 subject to a penalty fee of \$25.00 1. Corporate ID No.	·····		nnual report within thirty (30) a	lays after the time prescribed by	law (R.I.G.L. 7-1,2-1501(c&d)) is
118685	2. Name of Corpo. LBJ DedXpc	ort, Inc.	_		
3. Street Address Principal Business Office 32 Mechanic Avenue, P.O. Box 12			City Woonsocket	State RI	^{Zip} 02895
4. Business Phone No. 401-769-8800		5. State of Incorporation Rhode Island	5. State of Incorporation Rhode Island		02893
6. Brief Description of the Chara Wholesale and retail Gif	cter of Business Conducte t Distributors	d in Rhode Island			
7. NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	3 ATTACHMENTS
Gregory Burbank			Vice President Name Same		
Street Address 10 Fountain Spring Lane			Street Address		11.
City	State	Zip	City	State	
Johnston Secretary Name	RI	02919	***************************************	State	色 CT
Same			Treasurer Name Same	Same	
Street Address			Street Address		2
City	State	Zip	City	State	Zip ??
8. NAMES AND ADDRESS	 ES OF THE DIRECT	ORS: C"X" BOX FOR AT	: Tachments [] boxesin		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name N/A			TACHMENT) FILL IN SPACES BEFORE USING ATTACIFIENTS : Director Name		
Street Address			Street Address		201
City	State	Zip	City	State	Zip O
Director Name			Director Name		
Street Address				<u> </u>	
			Street Address	Street Address	
City	State	Zip	City	State	Zip 📅
9. SHARES AUTHORIZED		1	10. SHARES ISSUED	("X" BOX FOR ATTACE TION MUST BE COMPLETED	ument) □
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
			420	Common	No Par
			, Her ACC	TEAN THE STATE OF	TAMER STEET
This report must be execute this report must be execute.	ed on behalf of the c	orporation by an authorize	d representative. If the co	ornoration is in the hand	e of a receiver or trucks
this report must be execute	d on behalf of the co	rporation by the receiver of	or trustec.	exportation is in the hand;	, or a receiver or trustee,
		FILED			
		OCT 09 2009	Under penalty of pe	rjury, I declare and affirm t	hat I have examined this report, tements, and that all statements
File Date		anis	contained herein are	e true and correct	9-29-09
Check No.		29/1092	Signature		Date
Ву			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY				oank, President	
			Title		