

1 Corporate ID No. 000427964

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2. Name of Corporation
Eco Industrial Park of Rhode Island Corporation

* 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.

## Description Process of the Character of Residence Conducted on Rhode Rims ## Description of the Character of Residence Conducted on Rhode Rims ## Proceeding Name Proceeding Name Proc	3. Street Address Principal Business Office 500 Cherry Street			^{City} Fall River	State Massachusetts	<i>Zip</i> 02720
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address						
Vec President Name Vec Pre	6. Brief Description of the Characte	er of Business Conduc	ted in Rhode Island			"
Fall River State	President Name			. -		
Fall River Secretary Name Street Address Street Address				Street Address		
Street Address Street Address Street Address	City Fall River		^{Zip} 02720	City	State	Zip
Street Address Street Address City State Director Name Direct	Secretary Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Treasurer Name		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City State Zip 9. SHARES AUTHORIZED State Zip City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) INSUED SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Number of Shares Class/Sories Fair Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 100,000 CNP 0.00 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. File Date Signature Date CFRAIA V. FELS GE Print or Type Name File Date File Date File Date For SECRETARY OF STATE USE ONLY Tale	Street Address			Street Address		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director N	City	State	Zip	City	State	28 31
Street Address City State Director Name Street Address Street Address City State Zip O. City State Zip O. Shares AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series For Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet. File Date Check No. DCT 0 9 2009 Under penalty of perjury, I declare and affirm that I have examined this reprinchating any accompanying schedules and statements, and that all statements are contained by the receiver or trustee. File Date Check No. File Date For SECRETARY OF STATE USE ONLY For SECRETARY OF STATE USE ONLY Title Titl	8. NAMES AND ADDRESS	 ES OF THE DIRE	CTORS: ("X" BOX FOR ATI	: TACHMENT)	 IN SPACES BEFORE USING A	
City State Director Name Street Address Street Address Street Address 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Insurance of State Competed in the Office of the Secretary of State Changes require an additional filing. See Section 9 of instruction sheet. Director Name 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Insurance of State Competed in the Office of the Secretary of State Changes require an additional filing. See Section 9 of instruction sheet. Director Name 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Insurance of State Competed in the Office of the Secretary of State Competed in Supplementary of State Competed in Supplementary of State Competed in State Competed in Supplementary of State Competed in Supplementary of Porjury, I declare and affirm that I have examined this report must be executed on behalf of the corporation by the receiver or trustee. File Date OCT 0 9 2009 Under penalty of perjury, I declare and affirm that I have examined this report must be executed on behalf of the corporation by the receiver or trustee. File Date OCT 0 9 2009 CREAL V. FELISCE Print or Type Name	Director Name			Director Name		
Director Name Director Nam	Street Address			Street Address O		9
Street Address Street Address Street Address Street Address Street Address Street Address State City State Zip 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 State. Changes require an additional filing. See Section 9 of instruction sheet. Double of Shares Consumer of Consumer of Shares Consume	City	State	Ζip	City	State	
Street Address Street Address Street Address Street Address Street Address Street Address	Director Name					
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value 100,000 CNP 0.00 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 are contained from the statements and that all statements are contained from the statements and that all statements are contained from the statements are contained from the statements are contained from the statements and that all statements are contained from the statements and that all statements are contained from the statements and the statements are contained from the statements and the statements are contained from the statements are contained from the statements and that all statements are statements and the statements are statements and the statements are statements are statements and correct. Signature Created No. Print or Type Name Frite Date Title	Street Address			Street Address		
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. Sumber of Shares Class/Series Par Value	City	State	Zip	City	State	Zip
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. 50,000	9. SHARES AUTHORIZED	ı	ı			(ENT)
State. Changes require an additional filing. See Section 9 of instruction sheet. 50,000 PNP 0.00 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 statement contained from the and correct. File Date Check No. By: FOR SECRETARY OF STATE USE ONLY Title	State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
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 statement contained from the file Date Check No.				100,000	CNP	0.00
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained bards are under the contained bards and correct. File Date				50,000	PNP	0.00
File Date Check No					e corporation is in the hands of	of a receiver or trustee,
File Date Check No			FILED ^C — OCT 0 9 200	O including any a	ccompanying schedules and state	
Check No	File Date		By <u> </u>	1	m / fi	
FOR SECRETARY OF STATE USE ONLY Title	Check No.		<u> </u>		RALD V. FEC.S	/=
FOR SECRETARY OF STATE USE ONLY Title				Print or Type Name PRIST DON'T CCO		
	FOR SECRETARY OF	STATE USE ONLY				