

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 2009 401.222.30Filing 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(cbd)) is subject to a penalty fee of \$25.00.

Sures Address  Sures	1. Corporate ID No   59 6 9 (	2. Name of Corporation	PLEBELUS	GROUP, INC.		
This information is cumulty of record in the Office of the Secretary of State Changes require an additional filing. See Section 9 of instruction sheet.  This report must be executed on behalf of the corporation by an authorized representative. If the curporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by an authorized representative. If the curporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  The second trustee the contained that all statements are provided to the corporation of trustee.  The second trustee that the corporation of the corpora	3. Street Address Principal Business O	gice		PLOU/DENCE	State	02909
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Treasurer Name   Trea	President Name				S BEFORE USING ATT	ACHMENTS
Treasurer Name   Trea	RICHARD J. MULLANEY					
Treasurer Name   Trea	Sireel Address 14 WHITMEW CT.			Street Address		
Treasurer Name   Trea	MARRACH NEER	State	82882 82882	City	State	Zip
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name    Cleff	Secretary Name	J		Treasurer Name		
NAMES AND ADDRESSES OF THE DIRECTORS: (X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    FILCHARD J. MULANACU   Street Address	Street Address			Street Address		
NAMES AND ADDRESSES OF THE DIRECTORS: (X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    FILCHARD J. MULANACU   Street Address			- <del>1</del>			
Director Name    Comparison   C	City	State	Zip	Сйу	Stale	Zip
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Director Name    Director Name	RICHARD J. MULANKY			Director Name		
Director Name    Director Name	Street Address			Struct Address		
Director Name    Director Name	City MANAGERICE	State Ret	Zap O S & C S	:   Gip  -	State	Zip
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File Date  OCT 0 9 2009  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 Treinface tipe and correct.  File Date  Check No					ation is in the hands of	a receiver or trustee,
File Date  Check No	this report must be executed	on behalf of the corp	oration by the receiver	or trustee.		
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