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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
331098	LED, Inc.			
3. Street Address Principal Business Office		City	State	Zip
124 Daniel Ave		Guilford	CT	06437
4. Business Phone No.	5. State of Incorporation			
203 453-3994	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

To own, manage, sell or otherwise deal with real property

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

President Name			Vice President Name		
Barbara Pine			Lawrence E. Dowler		
Street Address			Street Address		
124 Daniel Ave.			124 Daniel Ave.		
City	State	Zip	City	State	Zip
Guilford	CT	06437	Guilford	CT	06437
Secretary Name			**Treasurer Name**		
Barbara Pine			Lawrence E. Dowler		
Street Address			Street Address		
124 Daniel Ave.			124 Daniel Ave.		
City	State	Zip	City	State	Zip
Guilford	CT	06437	Guilford	CT	06437

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

Director Name			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

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9. SHARES AUTHORIZED

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

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10 common	voting	$0.01
990 common	non-voting	$0.01

THIS SECTION MUST BE COMPLETED

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.

[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.

Barbara A. Pine 8/12/09
Signature *Date*

Barbara A. Pine, President
Print or Type Name

Title

[redacted]

File Date FILED

Check No. OCT 20 2009

By: By DS

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Form 630 Rev. 08/08