

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

2010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0 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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate 1D No 2. Name of Corporation 113681					
3. Street Address Principal Business Office			City Tobashine	State RT	(6)G)
4 Business Phone No.	5. State of Incorporation	y christen		62920	
6. Biref Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Vi					
Richard Damian,					
President Name Richard Damian, Street Address 170 Barndoor W. City CRAN. State RI Zip 02921		Street Address 137 park forest rd			
CHY CRAN.	State OF	Zip	City (O A A)	State D+	Zip 50 (2)
Secretary Name	KL	02921	: CRATIO : Treasurer Name	KI	102920
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTO	 RS: ("X" BOX FOR ATT	: ACHMENT) [] FILLING	PACES REFORE USING	
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		<u>_</u>
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City	Strite	Ziji	City	State	24
Director Name	.1		Director Name	l	[<u>-</u>
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Street Address			Street Address		
City	State	Zip	Сйу	State	2ip
9. SHARES AUTHORIZED 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.			Number of Shares	Class/Series	Par Value
			None		
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.					
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	//>	143	Under penalty of peri-	ury. I declare and affirm th	at I have examined this report
including any contained here				panying schedules and stat-	ements, and that all statements
File Date		Contained herein are	Charles Constitution	12/3/09	
EILE	-000		Signature		
Check No. DEC 03	Sona 102	D	Angelo Dandani		
By:			Print or Type Name	VAN	
FOR S TARY OF STATE USE ONLY			Title Title	- PACS	<u> </u>
				•	Form 630 Rev. 08/08