



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

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. Corporation ID No.<br>146464                                                                                                                            |             | 2. Name of Corporation<br>Castle Industries                                                                        |                         |              |              |
| 3. Street Address Principal Business Office<br>149 Beacon Drive                                                                                            |             | City<br>North Kingstown                                                                                            | State<br>RI             | Zip<br>02852 |              |
| 4. Business Phone No.<br>401-741-2959                                                                                                                      |             | 5. State of Incorporation<br>RI                                                                                    |                         |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Furniture Sales                                                             |             |                                                                                                                    |                         |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S                         |             |                                                                                                                    |                         |              |              |
| President Name<br>Frank A. Castellone                                                                                                                      |             | Vice President Name<br>Cynthia E. Castellone                                                                       |                         |              |              |
| Street Address<br>149 Beacon Drive                                                                                                                         |             | Street Address<br>149 Beacon Drive                                                                                 |                         |              |              |
| City<br>North Kingstown                                                                                                                                    | State<br>RI | Zip<br>02852                                                                                                       | City<br>North Kingstown | State<br>RI  | Zip<br>02852 |
| Secretary Name<br>Frank A. Castellone                                                                                                                      |             | Treasurer Name<br>Cynthia E. Castellone                                                                            |                         |              |              |
| Street Address<br>149 Beacon Drive                                                                                                                         |             | Street Address<br>149 Beacon Drive                                                                                 |                         |              |              |
| City<br>N. Kingstown                                                                                                                                       | State<br>RI | Zip<br>02852                                                                                                       | City<br>N. Kingstown    | State<br>RI  | Zip<br>02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                                                                                    |                         |              |              |
| Director Name<br>Frank A. Castellone                                                                                                                       |             | Director Name<br>Cynthia E. Castellone                                                                             |                         |              |              |
| Street Address<br>149 Beacon Drive                                                                                                                         |             | Street Address<br>149 Beacon Drive                                                                                 |                         |              |              |
| City<br>N. Kingstown                                                                                                                                       | State<br>RI | Zip<br>02852                                                                                                       | City<br>N. Kingstown    | State<br>RI  | Zip<br>02852 |
| Director Name<br>Frank A. Castellone                                                                                                                       |             | Director Name<br>Cynthia E. Castellone                                                                             |                         |              |              |
| Street Address<br>149 Beacon Drive                                                                                                                         |             | Street Address<br>149 Beacon Drive                                                                                 |                         |              |              |
| City<br>N. Kingstown                                                                                                                                       | State<br>RI | Zip<br>02852                                                                                                       | City<br>N. Kingstown    | State<br>RI  | Zip<br>02852 |
| 9. SHARES AUTHORIZED<br>100                                                                                                                                |             | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 |              |
|                                                                                                                                                            |             | —                                                                                                                  |                         | —            |              |
|                                                                                                                                                            |             | —                                                                                                                  |                         | —            |              |

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.

FILED  
DEC 10 2009  
29-105796  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Signature Cynthia E. Castellone Date 12-2-09  
Print or Type Name Cynthia E. Castellone  
Title Vice President