

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

401.222.30

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(e)·d)) is

2. Name of Corp				
SPAIN I	II, INC.			·
3. Street Address Principal Business Office 1073 Reservoir Avenue		Cranston	State R1	Ζψ 02910-0000
			KI	02310 0000
of Business Conduc				
	CERS: /"X" BOX FOR ATT	ACHMENT) FILL IN S	DACES BEECKE VENIC	
		Vice President Name		ATTACHMENTS
Felix Rodriguez Street Address				
126 Cliff Drive City State Zip		126 Cliff Drive		
RI RI	02882-	Narragansett	State RI	02882-
Secretary Name Maria T. Rodriguez		Treasurer Name Felix Rodriguez		
Street Address 126 Cliff Drive		Street Address 126 Cliff Drive		
State RI	02882-	^{City} Narragansett	State _{RI}	02882-
OF THE DIREC	CTORS: ("X" BOX FOR ATT	ACHMENT) [FILL IN		 G ATTACHMENTS
Felix Rodriguez		Director Name none		
troot Address 126 Cliff Drive		Street Address none		
State RI	^{Zip} 02882 -	City	State none	^{Zip} none
***************		Director Name none		
rreet Address none		Street Address none		
State none	Zip none	cny none	State none	Zip none
•				! IMENT) [
his information is currently of record in the Ordina of the				
State. Changes require an additional filing. See Section 9 of instruction sheet.				No Par
on babalf of the		T = -		
on behalf of the n behalf of the c	corporation by an authorized corporation by the receiver o	I representative. If the corpresentative.	poration is in the hands	of a receiver or truste
		Under venulty of a wi	I between 1 cm 1	
	-	including any accomp	panying schedules and state	at I have examined this re ements, and that all stater
		contained herein are t	rue and correct.	
	_	Signature		01/04/2
		· ·		Date
/		Print or Type Name President		
E USE ONLY				
	State RI State RI State RI OF THE DIRECT State RI or record in the ditional filing.	State State RI State RI	State RI State OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN S. Vice President Name Maria T. Rodrigue State RI State RI State OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN S. Vice President Name Maria T. Rodriguez State RI OD 2882- OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN Director Name none Street Address none State Address none Street Address none Under part of the corporation by an authorized representative. If the corporation by the receiver or trustee. Under penalty of perjinchading any accomponationed herein are to Signature Felix Rodriguez Print or Type Name President Felix Rodriguez Print or Type Name President	State Stat