

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

1. Corporate ID No. 123905	2. Name of Corporation Sophisticated Import Co. Inc.				
3. Street Address Principal Business Office 633 Charles Street			Cuy Providence	State RI	<i>Zip</i> 02904
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Importation, whole and retail	of Business Conducted in R I sale of miscellaneo	bode Island us food products.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAPresident Name Gianfranco Campanella			CHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gianfranco Campanella		
Street Address 633 Charles Street			Street Address 633 Charles Street		
City Providence	State RI	^{Zip} 02904	City Providence	State RI	<i>Ζψ</i> 02904
Secretary Name Gianfranco Campanella			Treasurer Name Gianfranco Campanella		
Street Address 633 Charles Street			Street Address 633 Charles Street		
Providence	State RI	02904	City Providence	State RI	^{Zip} 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip CCC : ORR FO
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	ED SI
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT SISSUED 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
			5000	Common	No Par
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize oration by the receiver ILED	or trustee. Under penalty of 1	perjury, I declare and affirm	s of a receiver or trustee, that I have examined this report
File Date Check No By: FOR SECRETARY OF STA		7.107377	Signature Gianfranco Print or Type Name President	Campanella	Date
		J	Title		Form 630 Rev. 08/08