

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 20/0
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 whiter to a penelty fee of \$25.00

| subject to a penalty fee of \$25.00. | · - | | uai report within thirty (30) aays a | jier ine iime prescrioea by iaw (| K.I.G.L. 7-1.2-1301(EGa)) |
|--|--------------------------------|---|--|-----------------------------------|---|
| 1. Corporate ID No. 134463 | 2. Name of Corporati | tcase INC | | | |
| Street Address Principal Business C | Office | , | Waxefield | State RT | 21p UJ829 |
| 4. Business Phone No. 5. State of Incorporation PT | | | 0 | | |
| Brief Description of the Character SALC 17 VARIO NAMES AND ADDRESSES | of Business Conducted in South | n Roode Island 14ems Soul RS: ("X" BOX FOR ATTA | HENS , + BASKET CHMENT) [] FILL IN SPA | CES BEFORE USING A | ITACHMENTS |
| TOANNE Austerlitz | | | Vice President Name SAMC | | |
| Street Address Dovetail LANC | | | Street Address | | |
| MAKEfill | State RJ | ZIP 02829 | Cuy | State | Zip |
| Secretary Name SAM | | | Treasurer Name SAM | | |
| treet Address | | | Street Address | | |
| Dity | State | Zip | Сііу | State | Zip |
| NAMES AND ADDRESSES | | ORS: ("X" BOX FOR ATT | FACHMENT) THILL IN S Director Name | PACES BEFORE USING | ATTACHMENTS |
| Director Name JUANNE RUSTERLITZ Street Address DUSYCTAIL LANE City WAREfield State RS 210 W879 | | | Street Address | | |
| Waxeheld | State RS | Zip U2879 | City | State | Zip |
| Director Name | | ••••••••••• | Director Name | | *************************************** |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| | | | 100 | Common | NO PAR |
| * | | | | | |
| This report must be executed his report must be executed | | | | poration is in the hands | of a receiver or trustee |
| | | | | | |
| | | | Under papalty of pag | ury, I declare and affirm that | et I have avaraised this re |
| 1. 05 | 2010 | \neg | | panying schedules and state | |
| File Date | -2010 -10 | - | Sonature . | L'. Cluster | Dail 12/29/ |
| Check No. | nne | _ | JOANNE, Print or Type Name | Auster LITZ | |
| By: | VIV. | _ | Print or Type Name | V † | |
| FOR SECRETARY OF ST | ATE USE ONLY | | Title | | |