

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 2010

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.

3. Street Address Principal Business Office 3 Bridgewalk Drive			North Smithfield	Rhode Island	^{Zip} 02896	
4. Business Phone No. 5. State of Incorporation Rhode Island			ion			
. Brief Description of the Chara	cter of Business Conduc	ted in Rhode Island	1 100 0			
. NAMES AND ADDRES bresident Name Ronald A. Sharples	SES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT)	PACES BEFORE USING A	TTACHMENTS	
Street Address 3 Bridgewalk Drive			Street Address	Street Address		
City North Smithfield	State RI	^{Zip} 02896	CHy:	State	Zip	
Secretary Name Ronald A. Sharples			Treasurer Name Ronald A. Sharples			
Street Address 3 Bridgewalk Drive			Street Address 3 Bridgewalk Drive	i i		
City: North Smithfield	State RI	^{Zip} 02896	City North Smithfield	State RI	02896	
8. NAMES AND ADDRES	SES OF THE DIRI	CTORS: ("X" BOX FOR	R ATTACHMENT) T FILL IN	SPACES BEFORE USING	ATTACHMENTS	
None			Street Address	Street Address		
treet Address		57((7.1117).55				
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	ED	ļ		 <i>("X" BOX FOR ATTACH</i> CTION <u>MUST</u> BE COMPLETED	IMENT)	
This is a support of speed in the Office of the Sagratory of			Number of Shares	Class/Scries	Par Value	
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.			4,000	common	\$1.00 par value	
This report must be exec	cuted on behalf of	he corporation by an auth	horized representative. If the c	orporation is in the hands	of a receiver or trustee	
this report must be execu	uted on behalf of the	ne corporation by the rece	eiver or trustee.			
			Under penalty of princluding any according	perjury. I declare and affirm the companying schedules and sta	hat I have examined this re tements, and that all stater	
•	******			re true and correct.		
File Date FILE			Konsalu! Signature	a Shorphe	Date	
Check No. JAN 1 1 2010				Ronald A. Sharples		
			Print or Type Name	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			- Drocidont	President Title		