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 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.*

1. Corporate ID No.	2. Name of Corporation		
7415	SACKETT'S INC.		
3. Street Address Principal Business Office	City	State	Zip
P.O. Box 14137	East Providence	R.I.	02914
4. Business Phone No.	5. State of Incorporation		
401-521-2488	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL AND GENERAL BUSINESS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Herbert E. Sackett	Herbert E. Sackett
Street Address: P.O. Box 14137	Street Address: P.O. Box 14137
City: East Providence; State: R.I.; Zip: 02914	City: East Providence; State: R.I.; Zip: 02914
Secretary Name: Herbert E. Sackett	Treasurer Name: Herbert E. Sackett
Street Address: P.O. Box 14137	Street Address: P.O. Box 14137
City: East Providence; State: R.I.; Zip: 02914	City: East Providence; State: R.I.; Zip: 02914

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Herbert E. Sackett	
Street Address: P.O. Box 14137	Street Address:
City: East Providence; State: R.I. 02914; Zip:	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	A	$.01
990	B	$.01

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.

[redacted] [redacted]

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.

Herbert E. Sackett 1/11/10
Signature *Date*

HERBERT E. SACKETT
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 1-13-2010
Check No. 14452
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08