

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 benefity fee of \$25.00.

1. Corporate 1D No.	2. Name of Corpo	ration				
160723		Service, Inc.			La	
3. Street Address Principal Business Office 734 Pontiac Avenue			Cranston Cranston	State RI	<sup>Zip</sup> 02910	
4. Business Phone No. 5. State of Incorpo  (401) 781-2122 Rhode Islan						
6. Brief Description of the Charles To own and operate a		ed in Rhode Island				
	ESSES OF THE OFFIC	ERS: ("X" BOX FOR	ATTACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Challita Nehme Street Address			Vice President Name Nasr Daou			
			Street Address	•		
5 Beckwith Street			1491 Purchase Street			
City Cranston	State RI	<sup>Zip</sup> 02910	New Bedford	State MA	<sup>Zip</sup> 02740	
Secretary Name Nasr Daou			Treasurer Name Challita Nehme			
Street Address 1491 Purchase Street			Street Address 5 Beckwith Street	;		
New Bedford	State MA	<sup>Zip</sup> 02740	<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910	
8. NAMES AND ADDR!  Director Name	ESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT)    FILL II  Director Name	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
Сиу	State	Zip	City <sup>,</sup>	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сцу	State	Zip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	EED ("X" BOX FOR A	TTACHMENT)		   <i>("X" BOX FOR ATTAC</i>     ECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2000	Common	.01	200	Common	.01	
-		-				
This report must be exe	ecuted on behalf of the	corporation by an auth	orized representative. If the	corporation is in the hand	s of a receiver or trustee.	
this report must be exec	cuted on behalf of the	corporation by the rece	iver or trustee.			
			Under penalty of including any acc	perjury, I declare and affirm to	that I have examined this repo	
				are true and correct.		
File Date FILED		_	Signature -	Le tula	<u> </u>	
Check No.	70		Challita Neh	me	Date	
JAN 1 5 2010				Print or Type Name		
By TOD SECRETARY	34	<b>—</b>	President	-		
-J. FOR SECRETARY	OF STATE USE ONLY		Title			
		<del></del>	• •		Form 630 Rev. 12/06	