

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.

1. Corporate ID No.	2. Name of Corporatio				w (R.I.G.L. 7-1.2-1501(c&d)) is
9754		" Industries I	nc.		··
3. Street Address Principal Business		Induberred r	1	To	
One South Main Street		City Coventry	State R I	^{2ip} 02816	
4. Business Phone No.		5. State of Incorporation	1 00.0.021		02010
401-821-1450 Rhođe Isl			and		
6. Brief Description of the Character	of Business Conducted in	Rhode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Louise Lanoie			Barbara Powers		
Street Address			Street Address 27 Foster Center Road		
2061 Frenchtown Road			27 Foster Center Road		
City	State	Zip	Сйу	State	Zip
East Greenwich	ı] RI	02818	Foster	RI	02825
Secretary Name			Treasurer Name		*******************************
Barbara Powers Street Address			Louise Lanoie		
			Street Address		
City	27 Foster Center Road		2061 Frenchtown Road		
Foster	State	Zip	City	State	Zip
	RI OF THE DIRECTOR	02825	East Greenv	wich RI	02818
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	is: ("x" box for att	TACHMENT) TILL IN :	SPACES BEFORE USING	G ATTACHMENTS
Louis	T = = = 1 =		Director Name		
Louise Lanoie Street Address			Street Address		
2061 Frenchtown Road			Street Address		
City	State	Zip	City	State	la.
East Greenwich	RI	02818	Cally	State	Ztp
Director Name	J	.3	Director Name		
			2 de la companya de l		
Street Address			Street Address		
City	State	Zip	City	State	Zip
					l'
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACH	MENT) 🗆
			ISSUED SHARES — THIS SECT		, L
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an ad	ditional filing. See	Section 9 of			
instruction sheet.					
F.O.O	_				
500 common no par value			79	common	no par
This report must be executed this report must be executed a	on behalf of the corp	oration by an authorize	d representative. If the cor	poration is in the hands	of a receiver or trustee.
this report must be executed o	n behalf of the corp	oration by the receiver of	or trustee.		,
			Linder nemativ of ner	jury I declare and affirm th	at I have examined this repor
<u> </u>			including any accom	panying schedules and stat	ements and that all cratement
1 15	- 2010		contained herein are	true and correct	Simonis, and that an statement
File Date//5	-2010		contained herein are	true and correct)
874	-2010		contained herein are	true and correct	1-6-10
File Date/ - 15. Check No 874	-2010		contained herein are	true and correct	1-6-10
Check No. 874	-2010 -68		Signature	true and correct	1-6-10
874	-2010 68		contained herein are	true and correct	1-6-10
Check No. 874	-2010 68 nc		Signature	true ind correct	1-6-10