

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

2009

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(c), 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

* In accordance with R.I.G.L. /-1.2 subject to a penalty fee of \$25.00.	-1501(e), each corporation	failing or refusing to file its annu	at report within thirty (50) way	sugar one time preserving by a	
1. Corporate ID No.	2. Name of Corporatio				
162648		ne Incorporate		Protes	Zip
3. Sireel Address Principal Business 888 Wellingt			Cranston	RI RI	02910
4. Business Phone No. 5. State of Incorporation 8. Rhode Is			sland		
5. Brief Description of the Characte	r of Business Conducted in	i Rhode Island			
stone sales			OFFICE STATES AND STAT	DACES BEEADE HSING	: ATTACHMENTS
7. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S; ("X" BOX FOR ALLAC	Vice President Name	FACES BEFORE COINC	
Stephen A. Feole			none		
Street Address			Street Address		
1001 Seven	Mile Road		• • •	<u> </u>	
City	State	Zip	City	State	Zip
Норе	RI	02831	: {		
Secretary Name	Foole		Treasurer Name none		
Gwendloyn J. Feole			Street Address		
Street Address 1001 Seven	Mile Road		•		
City:	State	Zip	City:	State	Zip
-Hope	RI	02831			
8. NAMES AND ANDRESSI	S OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN	N SPACES BEFORE USI	NG ATTACHMENTS
Director . Tun≥ 2			Director Name		
口 原 院 文					
S S S			Street Address		
TAR TAR	State	Zip	CHy	State	Zip
Direct Service S		J	Director Name	*******************************	***************************************
Street Address 🗧			Street Address		
City	State	Zip	City	State	Zip
	1				CHMENT)
9. SHARES AUTHORIZED				"X" BOX FOR ATTA	
			Number of Shares	Class Series	Par Value
This information is currently of record in the Office of the Secretary of			Mulither of Shares	Catas Arias	7.67
State. Changes require an additional filing. See Section 9 of			600		no par
instruction sheet.				<u> </u>	
This capact must be avacuat	ed on behalf of the c	corporation by an authoriz	ed representative. If the	corporation is in the har	nds of a receiver or trustee,
this report must be execute	ed on behalf of the co	orporation by the receiver	or trustee.		
this report than so one and					
			Under penalty of	perjury, I declare and affir	m that I have examined this rep
			including any acc	companying schedules and	statements, and that all statements
	11		contained herein	are trote and correct	, , , , , , , , , , , , , , , , , , , ,
File Date	ILED		Drand	72 A. Ted	1/20/1
IAAI	2.6. 2010		Signature		Date
Check Iron	£\0\2010 ~	7	_@wendol	lyn J. Feole	
By_	11/1/1/10	(d/	Print or Type Nan		
By:		- 7 \	secreta	ary	
FOR SECRETARY OF	STATE USE ONLY	UXIO	Title		
<u> </u>	- 110110	y. ••	•		Form 630 Rev. 08/08