



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 02904-261  
401.222.304

**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. 86727	2. Name of Corporation LANDS END LIMOUSINE SERVICE, INC.
------------------------------	---

3. Street Address Principal Business Office 134 COGGESHALL AVENUE	City NEWPORT	State RHODE ISLAND	Zip 02840
--	-----------------	-----------------------	--------------

4. Business Phone No. 401-847-4883	5. State of Incorporation RHODE ISLAND
---------------------------------------	---

5. Brief Description of the Character of Business Conducted in Rhode Island  
TO OPERATE A LIMOUSINE SERVICE

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

President Name WALTER MEY	Vice President Name KRISTIN MEY
------------------------------	------------------------------------

Street Address 170 COMPTON VIEW DRIVE	Street Address 170 COMPTON VIEW DRIVE
--	--

City MIDDLETOWN	State RHODE ISLAND	Zip 02842	City MIDDLETOWN	State RHODE ISLAND	Zip 02842
--------------------	-----------------------	--------------	--------------------	-----------------------	--------------

Secretary Name KRISTIN MEY	Treasurer Name WALTER MEY
-------------------------------	------------------------------

Street Address 170 COMPTON VIEW DRIVE	Street Address 170 COMPTON VIEW DRIVE
--	--

City MIDDLETOWN	State RHODE ISLAND	Zip 02842	City MIDDLETOWN	State RHODE ISLAND	Zip 02842
--------------------	-----------------------	--------------	--------------------	-----------------------	--------------

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

Director Name	Director Name
---------------	---------------

Street Address	Street Address
----------------	----------------

City	State	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
0	COMMON	NO PAR

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.

File Date 1-20-2010  
Check No. 5787  
By: MNC  
FOR SECRETARY OF STATE USE ONLY

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.

Signature Walter C. May Jr. Date Jan 14, 2010  
Print or Type Name Walter C. May Jr.  
Title President