



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. 118748		2. Name of Corporation Best Impressions, Inc.			
3. Street Address Principal Business Office 401 Walcott Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-724-8666		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Acquiring and Selling Promotional Products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Linda C. Hall			Vice President Name		
Street Address 60 Greenbriar Road			Street Address		
City Brockton	State MA	Zip 02301	City	State	Zip
Secretary Name Linda C. Hall			Treasurer Name Linda C. Hall		
Street Address 60 Greenbriar Road			Street Address 60 Greenbriar Road		
City Brockton	State MA	Zip 02301	City Brockton	State MA	Zip 02301
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Linda C. Hall			Director Name		
Street Address 60 Greenbriar Road			Street Address		
City Brockton	State MA	Zip 02301	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series Common	Par Value No Par Val	

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.

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.

*Linda C. Hall* 1-20-10  
Signature Date

Linda C. Hall  
Print or Type Name  
President  
Title

<b>FILED</b>	
File Date	JAN 22 2010
Check No.	
By:	<i>2332</i>
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