

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI ()2904-2615

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(ccrd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110504	2. Name of Corporation MELLO ENTERPRISES LIMITED, INC.				
3. Street Address Principal Business Office 15 LEO AVENUE			PROVIDENCE	State RI	7 <i>ip</i> 02904
4. Business Phone No. (401) 831-0840 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Characte TO OPERATE AS A WHO FFATURING PROFESSION FRAMES AND ADDRESSE President Name	LESALER OF PROF	ESSIONAL AUTO REC	CHMENT) FILL IN S	PACES BEFORE USING	
KENNETH A. MELLO Street Address 15 LEO AVENUE			KENNETH A. MELLO Street Address 15 LEO AVENUE		
PROVIDENCE	State RI	^{Zip} 02904	City PROVIDENCE	State RI	^{Zip} 02904
Secretary Name ELAINE R. MELLO			Treasurer Name ELAINE R. MELLO		
Street Address 15 LEO AVENUE			Street Address 15 LEO AVENUE		
PROVIDENCE	State RI	^{Zip} 02904	City PROVIDENCE	State RI	^{Zip} 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name KENNETH A. MELLO			ELAINE R. MELLO		
Street Address 15 LEO AVENUE			Street Address 15 LEO AVENUE		JAN PROPERTY
City PROVIDENCE Director Name	State RI	Zip 02904	City PROVIDENCE Director Name	State RI	2# NO NAR TO NAR
Street Address			Street Address		= 600 600
City	State	Zip	Сиу	State	Z SO ITI
9. SHARES AUTHORIZED		•	•	I <i>("X" BOX FOR ATTACH</i> TION <u>MUST</u> BE COMPLETED	IMENT)
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.			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR VALUE
This report must be execute this report must be executed	d on behalf of the cor	poration by an authorize	ed representative. If the coor trustee.	rporation is in the hands	of a receiver or trustee,
File Date Check No. JAN By: FOR SECRETARY DESCRIPTION	LED 29 2010 4 10967	0	including thy according to the contained herein are signature KENNETH Print or Type Name PRESIDEN	npanying schedules and set true and correct. A. MELLO	that I have examined this report, fements, and that all statements // 29/20/ Date
	/	J	Title		Form 630 Rev. 08/08