

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(et, 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

| 24 Morgan Mill Road State of Incorporation No. | . Corporate ID No. 53782 | 2. Name of Corp Rhode Islan | oration nd Centerless, Inc. | | | |
|--|--|--|---|----------------------------------|------------------------------|------------------------------|
| State of hocorporations State State of hocorporations Proceeds State | 3. Street Address Principal Business Office 24 Morgan Mill Road | | | Johnston | | |
| Centerless Grinding of metals of all kinds, plastics, glass and an other management same David L. Bryan Trust studiess Davi | 4. Daymess Lucine 110. | | | | | |
| NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | Brief Description of the Char Centerless Grinding of | racter of Busmess Conduc metals of all kinds. | ded in Rhode Island plastics, glass and all other | materials | | |
| Martin F. Bryan Street Address Str | . NAMES AND ADDRE | SSES OF THE OFFI | CERS: ("X" BOX FOR ATTA | ACHMENT) [FILL IN | SPACES BEFORE USING A | ATTACHMENTS |
| Street Address Street Address Street Street | President Name | | | Vice Fresident Name | | |
| North Scituate Ri | | | | | et | |
| Director Name Director Nam | ДŲ | | Zip 02857 | | | ^{Zip} 02888 |
| Street Address 204 Trimtown Road 204 Trimtown Road 204 Trimtown Road 204 Trimtown Road 205 | ecretary Name | L | | Treasurer Name Joyce B. Bryan | | •••• |
| State Stat | Street Address | | | - | d | |
| North Scituate 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address Director Name Director Name Director Name Director Name Director Name Street Address Street Address Street Address Street Address Street Address The State Zap Zap | City | | /ip 02857 | City | State | |
| None Street Address Street Address City State Zip Director Name State Zip City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares 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. Director Name Lip City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares 1,100 Common No Par | North Scituate 3. NAMES AND ADDRE | KI ESSES OF THE DIRI | | • | | G ATTACHMENTS |
| City State Zip City State Zip Director Name Street Address City State Zip Other Address Street Address State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Changes require an additional filing. See Section 9 of instruction sheet. | Director Name | | | Director Name | | |
| Director Name Director Name Director Name | | | | Street Address | | |
| Street Address Street Address Street Address Street Address Street Address State State Ztp 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED 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. Street Address State Ztp 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares 1,100 Common No Par | CRY | State | Zip | СЦу | Siette | Zip |
| 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) State SUED SHARES — THIS SECTION MUST BE COMPLETED 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. State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) Subject to Support the Secretary of Support the Secretary of State. This section Must be completed 1,100 Common No Par | Director Name | J | | Director Name | | |
| 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED 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 1,100 Common No Par | Street Address | | | Street Address | | |
| 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value 1,100 Common No Par | CRy | State | $Z\psi$ | City· | State | Zip |
| 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 MCST BE COMPLETED **Par Value** Number of Shares** Class/Series** Par Value** 1,100 Common No Par Common C | O CHARGE AUTHORIT | /FD | | 10. SHARES ISSUE | D_("X" BOX FOR ATTAC | CHMENT) [|
| 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. No Par | | | | | | |
| instruction sheet. | This information is cu | rrently of record in | the Office of the Secretary o | · | | |
| | | e an additional Him | g. See Section 9 of | 1,100 | 00 | |
| | | | | | | |
| 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 this report must be executed on behalf of the corporation by the receiver or trustee. | This report must be ex | ecuted on behalf of | the corporation by an author | ized representative. If the | e corporation is in the hand | ds of a receiver or trust |
| | | | | | | that I have a cominged this |
| | | | | including an va | ecompanying schedules and | Natements, and that all stat |
| Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all | Fit | ED | | contained herei | n are true and correct. | 1- 1/251 |
| Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and datements, and that all contained herein are true and correct. | File Date FFR (|) 1 201 0 | | Signature Signature | way. | Date J |
| including any accompanying schedules and statements, and that al contained herein are true and correct. | Check No. | 7 L LUIC | | David L. B | ryan | |
| including any accompanying schedules and statements, and that at contained herein are true and correct. File Date FEB 0 1 2010 Date | 1 4V 10450 | | | Print or Type Name | | |
| including any accompanying schedules and statements, and that at contained herein are true and correct. FEB 01 2010 Check No. Print or Type Name | By: | | and Processing | | | |
| File Date FEB 0 1 2010 Check No. By: Date Print or Type Name President President President | FOR SECRETAR | RY OF STATE USE ONLY | | Title | | Form 630 Rev. 08 |