

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 w. in this y (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.				<u> </u>	
1. Corporate ID No. 60868	2. Name of Corporation Eduardo Rodriguez Sculpture and Design, Ltd.				
3. Street Address Principal Business Office 53 Lawton Avenue			City Tiverton	State RI	^{Ζiρ} 02878
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Product design, Developmen			ndise		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Eduardo Rodriguez			none		
Street Address 53 Lawton Avenue			Street Address		
Tiver s on	State RI	^{Zip} 02878	City	State	Zip
Secretary Name Norman G. Orodenker, Esq.			Treasurer Name Eduardo Rodriguez		
Street Address 246 Prairie Avenue, Suite #1			Street Address 53 Lawton Avenue		
Providence	State RI	^{Zip} 02905	City Tiverton	State RI	^{Zip} 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name none			*ACHMENT)		
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
mile 1 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Number of Shares	Class/Series	Par Value
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.			100	Common	No Par
This report must be executed this report must be executed of				e corporation is in the hand	s of a receiver or trustee,
				of perjury, I declare and affirm to	
File Date FILE	D			are true and correct	1/25-//
			Signature	Oradaria	Date
By: By Down			Norman 6 . Orodenker Print or Type Name		
				me	
FOR SECRETARY OF STA	TE USE ONLY		Secretary	<u> </u>	
		I	Title		Form 630 Rev. 08/08