

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

101.222,3040

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.

1. Corporate II) No. 67217	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) 4. Name of Corporation Ms. Distributing Company					
3. Street Address Principal Business Office 617 Wood Avenue 4. Business Phone No			City: Woonsocket	State Rhode Island	Zip 02895	
401-766-6301 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island					02033	
		lucted in Khode Island FICERS: ("X" BOX FOR ATT	i and a state of the state of	SPACES BEFORE USING	ATTACHMENTS	
Street Address 617 Wood Avenue			None Street Address			
Woonsocket	State RI	^{Zip} 02895	СЦу	State	Ziμ	
Aarie Hendrickson			Treasurer Name Marie Hendrickson			
617 Wood Avenue			Street Address 617 Wood Avenue			
Voonsocket	RI	Zup 02895	<i>сиу</i> Woonsocket	State RI	<i>Σφ</i> 02895	
trector Name lone	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS	
ret Address			Street Address			
/y·	State	Zip	City	State	Zip	
rector Name		***************************************	Director Name			
vet Address			Street Address			
().	State	Zij)	Сйу	State	Zip	
SHARES AUTHORIZED		<u>.</u>	10. SHARES ISSUED ISSUED SHARES — THIS SEC	 <i>("X" BOX FOR ATTACHI</i> TION <u>MUST</u> BE COMPLETED	 MENT) []	
his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value	
			3,000	common	no par value	
ia	ed on behalf of th	e corporation by an authorized corporation by the receiver o	4	rporation is in the hands o	L	

File Dat	FILED
Check N	FEB 04 2810
By:	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare an	d affirm that I have ex	amined this report
including any accompanying schedule contained herein are true and correct. The Lendre	Λ	that all statements
Signature Signature	Date	42/10
Marie Hendrickson	224112	' /
Print or Type Name		
President		
Title		· · · · · · · · · · · · · · · · · · ·

Form 630 Rev. 08/08