

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

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(e&d)) is

subject to a penalty fee of \$25.00.				•	.,,,,
1. Corporate ID No. 65527	2. Name of Corporation PAR	KER GROUP.	INC.		
1. Corporate ID No.  65527  2. Name of Corporation PARKER GROUP, 3. Street Address Principal Business Office 394 ANGELL STREET  4. Business Phone No.		PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401 - 272 - 15			ISLAND		
6. Brief Description of the Characte. PVBLIC RELATA	r of Business Conducted in ロルトン	Rhode Island		<del>_</del>	
President Name		: ("X" BOX FOR ATTA	ICHMENT) [] FILL IN SPAC	CES BEFORE USING A	TTACHMENTS
MILES PARKER, III			Street Address		
Street Address 216 LOWDEN STREET					
PAWTUCKET	State RZ	2ψ 02840	City:	State	Zip
Secretary Name			Treasurer Name MILES PARKER III		
Street Address			Street Address		
Сйу	State	Zip	Cuy	State	Zip
MILES PARK		S: ("X" BOX FOR AT	TACHMENT) THE FILL IN SPA	 ACES BEFORE USING	 ATTACHMENTS
Street Address			Street Address		
City	State	Zip	Сиу	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)  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.			Number of Shares	Class/Series	Par Value
			100	Common	NO PAR
This report must be executed this report must be executed	on behalf of the corporate on behalf of the corporate of	oration by an authorize	ed representative. If the corpor or trustee.	ration is in the hands o	f a receiver or trustee,
File Date	2010		contained herein are true	ying schedules and staten	I have examined this reportents, and that all statement $2 - 4 - 10$
Check No			Signature  Date  MILES PARKER, TIF  Print or Type Name  PRESIDENT		
FOR SECRETARY OF STA	ATE USE ONLY		Title	- /	Form 63() Rev. ()8/09