

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

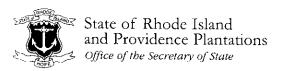
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30

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(c&d)) is subject to a penalty fee of \$25.00.

I Corporate ID No. 104688	2. Name of Corporation Global 2000, Inc	2. Name of Corporation Global 2000, Inc.						
3. Street Address Principal Business Office 125 Wayland Avenue, Unit 1			City Cranston	State Rhode Island	<sup>Zip</sup> 02910			
4. Business Phone No. 5. State of Incorporation 401-639-3695 Rhode Island			· · · · · · · · · · · · · · · · · · ·		<u> </u>			
6 Brief Description of the Chart Exports and Imports	acter of Business Conducted in	Rhode Island						
7. NAMES AND ADDRES President Name	SSES OF THE OFFICERS	: ("X" BOX FOR ATTA		SPACES BEFORE USING A	<b>FTACHMENTS</b>			
Brian O'Hara			Vice President Name Brian O'Hara					
Street Address 125 Wayland Avenue, Unit 1			Street Address 125 Wayland Avenue, Unit 1					
ւր Cranston	State Rhode Island	<sup>Zip</sup> 02910	City Cranston	State Rhode Island	<i>Ζψ</i> <b>029</b> 10			
Necretary: Name Brian O'Hara			Treasurer Name Brian O'Hara					
Street Address 125 Wayland Avenue, Unit 1			Street Address 125 Wayland Avenue, Unit 1					
շտ Cranston	State Rhode Island	<sup>Zip</sup> 02910	City Cranston	State Rhode Island	<sup>Zip</sup> 02910			
8. NAMES AND ADDRES  Director Name	sses of the director	RS: ("X" BOX FOR ATT	ACHMENT) TILL : Director Name	IN SPACES BEFORE USING	\$ i i			
None			None 😂 🕢		<b>29</b>			
Nicoei Address			Street Address  None		OFE R			
None City:	State	Zip	City	State				
None	None	None	None	None	<b>va</b> lone € 5 cm			
Director Name None			Director Name None	•••••••••••••••	PR JONS			
Street Address None			Street Address None					
cin None	State None	Zip None	City None	State None	None			
9. SHARES AUTHORIZE	l	1 ' '	:	D ("X" BOX FOR ATTACH				
			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			
			1000	Common	No Par Value			
	cuted on behalf of the coruted on behalf of the coru			corporation is in the hands	of a receiver or trustee,			
			Under penalty o	f perjury, I declare and affirm th	at I have examined this repo			
File Date	ILED	7	including any accontained herein	ecompanying schedules and state a are true and correct.				
	B - 9 2010		Signature		Date			
. /	X/17/1/057	á	Brian O'Ha Print or Type Na.					
By // //			Print or Type Na.  President	nie.				
FOR SECRETARY	OF STATE USE ONLY		Title					
		_	11116		Form 630 Rev. 08/08			



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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+ Business Phone No. 401-639-3695  5. State of Incorporation Rhode Island		<u> </u>	I				
6 Brief Description of the Character of Exports and Imports	f Business Conducted in k	hode Island					
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)  FILL IN  Vice President Name	SPACES BEFORE USING AT	TTACHMENTS		
Brian O'Hara			Brian O'Hara				
Street Address 125 Wayland Avenue, Unit 1			Street Address 125 Wayland Avenue, Unit 1				
Cranston	State Rhode Island	<i>zւ</i> թ 02910	City Cranston	State Rhode Island	<i>Ζψ</i> 02910		
Secretary Name Brian O'Hara			Treasurer Name Brian O'Hara				
Street Address 125 Wayland Avenue, Unit 1			Street Address 125 Wayland Avenue, Unit 1				
Cuy Cranston	State Rhode Island	<sup>Zip</sup> 02910	City Cranston	State Rhode Island	<sup>Zip</sup> 02910		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name None Street Address			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  None  Street Address				
None	None			None			
None  Director Name None	State   None	Zip None	City: None Director Name None	None None	None 1		
Street Address None			Street Address None				
City None	State None	z <sub>ip</sub> None	City None	State None	None -		
9. SHARES AUTHORIZED	ı	1	•	O ("X" BOX FOR ATTACHN ECTION <u>Must</u> be completed	AEN BOOK		
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			1000	Common	<b>N</b> o Par <sup>™</sup> Value		
This report must be executed this report must be executed of			or trustee. Under penalty of	corporation is in the hands of perjury, I declare and affirm the companying schedules and state	at I have examined this report		
File Date				are true and correct.	2/9/2010		
Check No.	D		Brian O'Ha	· · · · · · · · · · · · · · · · · · ·	Ziii C		
By:FGB ,= 9	2010		Print or Type Nam President	ne			
FOR SECRETARY OF STA	AL USE ONLI	_	Title		Form 630 Rev. 08/08		