

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 within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cord.)) is subject to a penalty fee of \$25.00.

| | 2. Name of Corpora | | | | |
|--|--------------------------|---|--|--|--|
| 105691 | | <u>nterprises, Inc</u> | | Strate | Zipi |
| 3. Street Address Principal Busines | | | Warwick | RI | 02888 |
| 1971 Elmwood F Business Phone No. | 1 Avenue | 5 State of Incorporation | Walwick | | |
| 785–1294 | | Rhode Is | land | | |
| World Description of the Charact | er of Business Conducted | 1 in Rhode Island | | | |
| Provision of | f office c | offee and/or ca | atering servi | ces | |
| NAMES AND ADDRESS | es of the offici | ERS: ("X" BOX FOR ATTAC | CHMENT) 🔲 FILL IN SF | ACES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name | - Tu | |
| Monique M. Rice | | | Paul S. Rice, Jr. | | |
| Street Address | | , , , , , , , , , , , , , , , , , , , | Street Address | J Arranua | |
| 1971 Elmwood | | | 1971 Elmwoo | State | Zip |
| Cuy | State | Zip | Warwick | RI | 02888 |
| Warwick | RI | 02888 | Treasurer Name | | |
| Secretary Name | - . | | Monique M | Rice | |
| Paul S. Rice, Jr. | | | Monique M. Rice Street Address | | |
| 1971 Elmwood Avenue | | | 1971 Elmwood Avenue | | |
| City | State | Ζip | City | State | Zψ |
| Warwick | RT | 02888 | Warwick | RI | 02888 |
| 8. NAMES AND ADDRESS | ES OF THE DIREC | CTORS: ("X" BOX FOR ATT | ACHMENT) [FILL IN | SPACES BEFORE USIN | G ATTACHMENTS |
| Director Name | | | Director Name | | |
| None. | | | | | |
| Street Address | | | Street Address | | |
| | | | : | State | Ziμ 25 (I) |
| City | Suute | Zip | City | Since | |
| | | | Director Name | | |
| Director Name | | | Diffetor sterile | | |
| D. Address | | | Street Address | | 4 ≯2rn |
| Street Address | | | | | = = = |
| City | State | Zip | City | State | Zip Zin M |
| , | | | | | - 850 |
| 9. SHARES AUTHORIZED | , | , | | ("X" BOX FOR ATTAC | |
| 1,000 No Par Value | | | | TION 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 |
| | | | 120 | N/A | No Par |
| | | | | | - Value - |
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| 1 | | | <u> </u> | | de of a regainer or teneted |
| | | | | | is of a receiver of flustee. |
| This report must be execu | sted on behalf of th | e corporation by an authoriz | ed representative. If the o | orporation is in the nam | |
| This report must be executhis report must be execu | ated on behalf of the | e corporation by an authoriz corporation by the receiver | ed representative. If the or or trustee. | orporation is in the nam | |
| This report must be executhis report must be execu | ited on behalf of the | e corporation by an authoriz corporation by the receiver | ed representative. If the or trustee. | orporation is in the name | |
| This report must be executhis report must be execu | ated on behalf of the | e corporation by an authorize corporation by the receiver | or trustee. | | |
| This report must be executhis report must be execu | uted on behalf of the | e corporation by an authoriz corporation by the receiver | or trustee. Under penalty of p | erjury, I declare and affirm | that I have examined this repo |
| This report must be executhis report must be execu | uted on behalf of the | e corporation by an authorize corporation by the receiver | Under penalty of princluding any according to the control of the c | erjury, I declare and affirm ompanying schedules and s | that I have examined this repo |
| This report must be executhis report must be execu | uted on behalf of the | e corporation by an authorize corporation by the receiver | Under penalty of princluding any according to the control of the c | erjury, I declare and affirm | that I have examined this reportatements, and that all statements |
| This report must be executhis report must be executhis report must be executive. | LED | e corporation by the receiver | Under penalty of princluding any according to the control of the c | erjury, I declare and affirm ompanying schedules and s | that I have examined this reportatements, and that all statements. |
| this report must be execu | LED | e corporation by an authorize corporation by the receiver | Under penalty of princluding any according to the control of the c | erjury, I declare and affirm ompanying schedules and s | that I have examined this reportatements, and that all statements |
| this report must be execu | LED | e corporation by the receiver | Under penalty of pincluding any accompanied herein a Signature Monique | perjury, I declare and affirm companying schedules and sorect. M. Rice | that I have examined this reportatements, and that all statements. |
| File Date FEB | LED 09 2010 1: | corporation by the receiver | Under penalty of princluding any accompanied herein a Signature | perjury, I declare and affirm companying schedules and sorect. M. Rice | that I have examined this reportatements, and that all statements. |
| File DateFEB | LED | corporation by the receiver | Under penalty of princluding any accompanied herein a Signature Monique Print or Type Name | merjury, I declare and affirm ompanying schedules and sometrue and correct. M. Rice | that I have examined this reportatements, and that all statements. |
| File Date FEB Check No. By | LED 09 2010 1: | corporation by the receiver | Under penalty of pincluding any accompanied herein a Signature Monique | merjury, I declare and affirm ompanying schedules and sometrue and correct. M. Rice | that I have examined this reportatements, and that all statements. |