

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 PI

2010

3. Street Address Principal Business Office 1515 Smith Street  4. Business Phone No. (401) 247-2845  5. Brie Description of the Character of Busine's Paling in real prope  7. NAMES AND ADDRESSES OF TIPEsident Name Nicholas D. Jannuccilli	ess Conducted in Rb		North Providence	RI RI CES BEFORE USING	210 02911-0000 ATTACHMENTS	
Business Phane No.  (401) 247-2845  Brie Description of the Character of Busine of Lealing in real prope  NAMES AND ADDRESSES OF THE resident Name  Nicholas D. Jannuccilli treet Address  1515 Smith Street		RI ode Island	CHMENT)  FILL IN SPACE Vice President Name	RI	02911-0000	
(401) 247-2845  Brie Description of the Character of Busine of Lealing in real proper.  NAMES AND ADDRESSES OF TResident Name  Nicholas D. lannuccillistreet Address  1515 Smith Street		RI ode Island	Vice President Name	CES BEFORE USING	ATTACHMENTS	
Caling in real prope  NAMES AND ADDRESSES OF THE PROPERTY OF T			Vice President Name	CES BEFORE USING	ATTACHMENTS	
Nicholas D. Iannuccilli reet Address 1515 Smith Street ty State	ie officers:	("X" BOX FOR ATTA	Vice President Name	CES BEFORE USING	ATTACHMENTS	
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	Street Address 1515 Smith Street			Street Adutress 11 Spinnaker Drive		
<b> </b>	I	Zip <b>02911-</b>	City Barrington	State RI	2ip 02806-	
Secretary Name Paul C. Hessler, III			Treasurer Name Nicholas D. Iannuccilli			
11 Spinnaker Drive			Street Address 1515 Smith Street			
Barrington State	.1	02806-	North Providence	State R1	ZiB <b>2911</b> -	
NAMES AND ADDRESSES OF TH	E DIRECTORS:	("X" BOX FOR ATT	ACHMENT) THEL IN SPA	ACES BEFORE USING	ATTACHMENTS	
Nicholas D. Iannuccilli			Paul C. Hessler, III			
truet Address 1515 Smith Street			Street Address 11 Spinnaker Drive			
North Providence State R1		<sup>Zip</sup> <b>02911-</b>	Barrington	State RI	<b>02806</b> -	
rector Name <b>none</b>			Director Name <b>none</b>		***************************************	
rect Address none		··········	Street Address none			
none State		none	City: <b>none</b>	State none	Zip none	
SHARES AUTHORIZED	ı		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	 " BOX FOR ATTACH	i	
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	
			200	Common	No Par	

Title