

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 things (20) days for the second of the

	, , , , , , , , , , , , , , , , , , , ,		nual report within thirty (30) days afte	r the time prescribed by law (R	.I.G.L. 7-1.2-1501(c&d)) i	
1. Corporate ID No. 52711	2. Name of Corporation		rs of New Englar	nd, Inc.		
3. Street Address Principal Business Office			City	State	Zip	
PO Box 262/10 George Street			Charlestown	RI	02813	
4. Business Phone No.		5. State of Incorporation		<u></u>	32013	
C P / C P			Rhode Island			
6. Brief Description of the Character of	of Business Conducted in I	Rhode Island				
Helico 77 NAMES AND ADDRESSES President Name	pter traini Grundoppheers	ng and sales ("X" BOX FOR ATTA	CHMENT) 🔲 PILL IN SPACI	es bepore using ati	ACHMENT'S	
Mitchell B. Ross			Vice President Name Mitchell B. Ross			
Street Address						
16 Old Colony Lane			Street Address 16 Old Colony Lane			
Ledyard	State CT	^{Ζip} 06339	City Ledyard	State CT	^{Zip} 06339	
Secretary Name	4	.1			06339	
Mitchell B. Ross			Mitchell B. Ross			
Street Address			Street 4 Apress			
16 Old Colony Lane			Speed Address 16 Old Colony Lane			
City	State	Zip	City	State G.	Ta	
Ledyard	CT	06339	Ledyard	4 C'P	^{Zip} 06339	
S NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATE	AGHA(BNT). □ FELLAN SPAC	FO HREODE LOSAS AS	00333	
B. NAMES AND ADDRESSES OF THE DEFECTORS: (X BOX FOR AT) Director Name Mitchell B. Ross			Director Name			
Street Address	_		Character Addition			
16 Old Colony Lane			Street Address			
City	State	Zip occaso	City	<u> </u>		
Ledyard	CT	06339		State	Zip	
Director Name			Director Name		[
			Shoot Hange			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	SAN CONTRACTOR OF CONTRACTOR O					
9#SHARBSFAICTHORIZED		and a second of the	10_SHAREŞISSÜED. @X*	I BOX-LOR ALTACHMEN	l Van i ∏alai alaini akeeda	
1000 no par	ralue		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 SECTION	MUST BE COMP	LETED	
This report must be						
report must be executed o	n behalf of the corpo	ration by an authorized	representative. If the corpora	tion in in the bank.		

this report must be executed on behalf of the corporation by the receiver or trustee. is in the hands of a receiver or trustee,



II-day to the control of the control	
Under penalty of perjury, I declare and affirm that I have examined this repo	_
	π.
including any accompanying schedules and statements, and that all statement	
s and that all statement	its
contained herein are true and correct.	

contained herein are true an	2/02/10		
Signature		Date	
_ Mitchell B	- Ross		
Print or Time Name			

Form 630 Rev. 08/08