

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

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Filling Period: January 1 - March 1 • Filling 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).

subject to a penalty fee of \$25.00.	juming or rejusting to jute us an	nual report within thirty (30) days after	r the time prescribed by law (R	.1.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 2. Name of Corporation				W
	PORATION			
3. Street Address Principal Business Office 845 PROVIDENCE STREET		City	State	Zip
4. Business Phone No.	5. State of Incorporation	WEST WARWICK	RI	02893
536-1699		7 877		"
6. Brief Description of the Character of Business Conducted in	RHODE ISI	AND		
TO ENGAGE IN THE RES		rec		
7. NAMES AND ADDRESSES OF THE OFFICERS	S: ("X" BOX FOR ATTA	EDD CHMENT) [] FILL IN SPACE	ES REPORT HEIMO ATT	CA CITA FEATUR
1 · · · · · · · · · · · · · · · · · · ·	: Vice President Name			
JAMES A. CROSBY		JAMES A CROSBY		
Street Address		Street Address		
54 RIVER STREET, UNIT 2		54 RIVER STREET, UNIT 2		
City State	Zip	City	State	Zip
WEST WARWICK   RI	02893	WEST WARWICK	RI	02893
JAMES A. CROSBY		Treasurer Name		
Street Address		JAMES A . CROSBY  Street Address		
54 RIVER STREET, UNIT 2		F.4. 7.		
City State	Zip	: City	UNIT 2	Zip
WEST WARWICK RI	02893	WEST WARMTON	D.T.	10000
8. NAMES AND ADDRESSES OF THE DIRECTOR	RS: ("X" BOX FOR ATT	ACHMENT)   FILL IN SPACE	CES BEFORE USING AT	UZOSS TACHMENTS
votor stame		Director Name		
JAMES A. CROSBY Street Address				
	Street Address			
54 RIVER STREET, UNIT 2 City State	17.			
WEST WARWICK RI	Zip	City	State	Zip
Director Name	02893		<b></b>	
		Director Name		
Street Address		Street Address		
		Sireei Address		
City State	Zip	City	State	Zip
		·		Z.ip
9. SHARES AUTHORIZED	•	10. SHARES ISSUED ("X"	I BOX FOR ATTACHME	 NT) □
600 COMMON NO PAR VAL	<u>UE</u>	ISSUED SHARES — THIS SECTION !	MUST BE COMPLETED	··· <b>-</b> / []
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
		NONE ISSUED		
This report must be executed as belief of		<u></u>	<u> </u>	
This report must be executed on behalf of the corp this report must be executed on behalf of the corp	poration by an authorized	d representative. If the corpora	tion is in the hands of a	receiver or trustee,
on behalf of the corp	oranon by the receiver o	r trustee.		

F	ILED
File Date  Check No.	3 1 6 2010
By:	2365
FOR SECF	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.
Signature Date
JAMES A. CROSBY
Print or Type Name
PRESIDENT
Title