



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

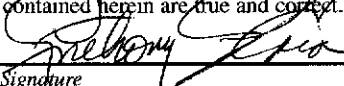
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

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

| | | | | | |
|---|--------------------|--|---|-----------------------------|--------------------------|
| 1. Corporate ID No. 12017 | | 2. Name of Corporation MONEYWATCH LTD | | | |
| 3. Street Address Principal Business Office 400 Reservoir Avenue Suite 3L | | | City Providence | State RI | Zip 02907 |
| 4. Business Phone No. (401) 941-2020 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To provide services and products relating to personal and business financial consulting, including but not limited to the sale of real estate | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Anthony A. Coia | | | Vice President Name NONE | | |
| Street Address 400 Reservoir Avenue Suite 3L | | | Street Address | | |
| City Providence | State RI | Zip 02907 | City | State | Zip |
| Secretary Name Beverly F. Coia | | | Treasurer Name Anthony A. Coia | | |
| Street Address 400 Reservoir Avenue Suite 3L | | | Street Address 400 Reservoir Avenue Suite 3L | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Anthony A. Coia | | | Director Name Beverly F. Coia | | |
| Street Address 400 Reservoir Avenue Suite 3L | | | Street Address 400 Reservoir Avenue Suite 3L | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 20 | Class/Series NONE | Par Value NONE |
| | | | | | |

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature _____ Date **2/16/10**

Anthony A. Coia

Print or Type Name

President

FILED

File Date **FEB 17 2010**

Check No. **94166**

By: _____