

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.

PROCESSING NO. 1024  PROCESSIN	In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	1501(e), each corporation	failing or refusing to file its anni	ual report within thirty (30) days aft	ter the time prescribed by l	aw (R.I.G.L. 7-1.2-1501(c&d)) is
Source   Description   Processor   Proce	1. Corporate ID No. 123792			lessing, Ing.		
### PROPER CONTINUES OF STREET CONTINUES AND PROPERTY NO PRODUCTION OF SIGNAL, IMAGE AND DISTRICT STREET AND STREET CONTINUES AND SOCIETARY FOR ATTACHMENTS  **RAMES AND ADDRESSES OF THE OFFICERS ("A" BOX FOR ATTACHMENT)   THIS IN SPACES BEFORE USING ATTACHMENTS  **PROPERTY NAME**  **TOTAL Address**  **TOTAL ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   THIS IN SPACES BEFORE USING ATTACHMENTS PROVIDED IN SPACES PROVIDE	3. Street Address Principal Business Office 232 COLE DRIVE		N. Kingstown	State RI		
The information of the chargest proposed proposed in the Office of the Secretary of Processing States and Address States and Ad	401, 742, 1624 RHODE I		3LAND		•	
MICHAEL A. DERETT  Street Address  2.32 COLE DRINE  NONE  TRESTRUCT Name  NONE  TRESTRUC		of Business Conducted in RESE APCH MS AND REC OF THE OFFICERS	Rhode Island , DESIGN, Develo ARED ALGORITH : ("X" BOX FOR ATTAC	PMENT AND PRODUCTI NS AND SOFTWAR CHMENT)   FILL IN SPA	on of Signal, E. Ces before using	IMAGE AND DATA  ATTACHMENTS
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NOME  NOME  NOME  Street Address  Street Address  Street Address  NOME	cuy N. Kingstown	State RI	02852	Сіцу	State	Zip
Street Address    Street Address   Street Address	Secretary Name NonE			i contraction of the contraction		
INAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Director Name	Street Address					
Director Name	City	State	Zip	City	State	Zip
State Address  2 3 2 COLE DRIVE  Trestor Name  LOUIS A. DEAETT  Trest Address  23 2 COLE DRIVE  This state DRIVE  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  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 truster.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  The Date Date Date Date Date Date Date Dat	Director Name	_		Director Name		 NG ATTACHMENTS
This information is currently of record in the Office of the Secretary of instruction sheet.  Check No.  FIRST 240 0 285 2  Check No.  FIRST 250 0 285 2  Check No.	Street Address			······································		
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.    Comparison of the Corporation by an authorized representative. If the corporation is in the hands of a receiver or trustient including any accompanying schedules and statements, and that all state contained beginning true and contained beginning true.    Contained beginning true and contained	City		0285Z	City	State	Zφ
Street Address  2.3 2. COUE DRIVE.  Street Address  City  State  City  State  Zip  D. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Number of Sha	Director Name			Director Name -NWE -		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED    Number of Shares   Class/Series   Par Value	Street Address			Street Address		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Series   Par Value    Number of Shares   Class   Par Value    Number of Shares   Class   Par Value    Number of Shares   Class   Par Value	W. Kinestown	State	02852	Сиу	State	Zip
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	9. SHARES AUTHORIZED	•	,			- <b>-</b>
State. Changes require an additional filing. See Section 9 of instruction sheet.  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 trus his 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 including any accompanying schedules and statements, and that all state contained begin are true and correct.  Signature  Date  MICHAEL A. DEAETT  Print or Type Name  PRES 1 dent.	This information is currently	of record in the Of	fice of the Secretary of	<del>}</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained begin and true and correct.    Check No.	State. Changes require an additional filing. See Section 9 of instruction sheet.			-None-		
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained begin and true and correct.    Check No.						
Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state contained begin and true and correct.    File Date					oration is in the han	ds of a receiver or trustee,
including any accompanying schedules and statements, and that all statements are contained beloin and true and correct.  File Date  FEB 2 2 2010  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  Including any accompanying schedules and statements, and that all statements are contained beloin and true and correct.  Signature  A I CHAEL A. DEAETT  Print or Type Name  PLES ident.			position by the receiver	of district.		
File Date  FEB 2 2 2010  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  Contained beloin and true and correct.  Signature  Check No.  MICHAEL A. DEAETT  Print or Type Name  PLES ident.				Under penalty of perju	ıry, I declare and affirm	that I have examined this rep
By: MICHAEL A. DEAE7T  Print or Type Name  PRES ident.	File Date	EL	]	~ 7		
Print or Type Name  POR SECRETARY OF STATE USE ONLY  POR SECRETARY OF STATE USE ONLY	FEB 22	2010		· ·	A N	Date
POR SECRETARY OF STATE USE UNIT	Ву:	15 l	_	Print or Type Name	EL A. DEAE	-7T
	FOR SECRETARY OF ST	ATE USE ONLY			dent.	Form 630 Rev. 08/08