

A. Ralph Mollis. Secretary of State Corporations Division

J48 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF THE Y

| * In accordance with R.I.G.L. 7-1.2 subject to a penalty fee of \$25.00. | -1501(e), each corporation | failing or refusing to file its annua | it report within trury (50) days after to | e time presentation by and | | |
|---|----------------------------|---------------------------------------|--|--|-----------------------------------|--|
| L. Corporate ID No. | 2. Name of Corporation | YTIO F | INC | | | |
| 3. Street Address Principal Business | Office | N. C. | LINCOIN | State R I | C9865 | |
| 1. Business Phone No. | BOOLK | 5. State of Incorporation | | | | |
| 401-241-91 | 45 | BHODI | E ISLAND | | | |
| 6. Brief Description of the Characte. | | | | | | |
| | S OF THE OFFICERS | S: ("X" BOX FOR ATTAC | HMENT) THILL IN SPACES | BEFORE USING | ATTACHMEN 15 | |
| President Name ARTHUR R DIFILIPES | | | DIANNE C DIFILIPPE | | | |
| 281 RESERVOIR AUE | | | Sheel Address 281 REDERVOIR AVE | | | |
| City | State | 09892 | City NEOIN | State RT | 098P2 | |
| LIMCOLN | RI | 100002 | Treasurer Name | | | |
| DIANUE C DEFILIPE | | | HATTIUR DIFILIPP | | | |
| Street Address | 1018 | RVI | 181 RESERV | WIR FIL | I E | |
| CHY HCOIN | State | C2865 | LINCOLN | State RI | Q9862 | |
| 8. NAMES AND ADDRESSI | ES OF THE DIRECTO | ORS: ("X" BOX FOR ATT | ACHMENT) FILL IN SPAC | ES BEFORE USIN | G ATTACHMENTS | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| £24.5 | State | Zip | City | State | Zip | |
| City | | | Total and Name | l | | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| CHr | State | Zip | Сиу | State | Zip | |
| 9. SHARES AUTHORIZED | | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | SSUED SHARES — THIS SECTION Number of Shares | Class/Series | Par Value | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of | | | 500 NO PAR | | NO PAR | |
| instruction sheet. | . e | | VALUE | | | |
| | and on bobolf of the | corporation by an authoriz | ed representative. If the corpor | ation is in the hand | ds of a receiver or trustee, | |
| this report must be execut | ed on behalf of the c | orporation by the receiver | or trustee. | e | er. | |
| | 41 N | | | and the second | × * * | |
| | | • | Under penalty of perjury | . I declare and affirm | that I have examined this report | |
| <u> </u> | | | including any accompar contained herein are tru | iying schedules and s e and correct. | statements, and that all statemen | |
| File Date | | | Arthur 9 | abida. | 11-81-E AG | |
| FEB 2 | 2 2010 | | Signature | ~ | \ Date | |
| Check No BV | 148-7 | | HRT hor | K DITIC | ibba | |
| By: | | | PRESER | ENT | | |
| FOR SECRETARY O | F STATE USE ONLY | | Tule | | Form 630 Rev. 08/08 | |
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