

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 401.222.305

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. 7-1.2-15@1(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(cord.)) is subject to a penalty fee of \$25.00.

I. Corporate ID No. 98091		rporation MINER, INC.					
3. Street Address Principal Business Office 181 MAIN STREET			сиу Westerly	State RI	Ζψ 02891		
4. Business Phone No. 401-596-2192		5. State of Incorporation Rhode Island					
6. Brief Description of the Che To Operate a Dry Clea	aning Business						
7. NAMES AND ADDRI President Name David M. Rathbun	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATT	ACHMENT)   FILL IN Vice President Name D. Morley Rathbur		G ATTACHMENTS		
Street Address 211 Cove Road			Street Address 9 Moss Street	., 07.			
City Stonington	State CT	<sup>Ζiμ</sup> 06378	сиу Pawcatuck	State CT	Ζήρ 06379		
Secretary Name David M. Rathbun			Treasurer Name David M. Rathbun				
Street Address 211 Cove Road			Street Address 211 Cove Road				
Stonington	State CT	<sup>Zip</sup> 06378	Cuy Stonington	State CT	Zip 06378		
David M. Rathbun	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT)  FILL II  Director Name  D. Morley Rathbun		NG ATTACHMENTS		
treet Address 111 Cove Road			Street Address 9 Moss Street	*			
ay Stonington	State CT	Zip	Сиу	State	Zip		
rirector Name Burke Rathbun Zalos	******************	06378	Pawcatuck  Director Name	СТ	06379		
reel Address 69 Huron Avenue			Street Address				
աչ Cambridge	State MA	<sup>Zip</sup> 02138	City	State	Zip		
. SHARES AUTHORIZE	·		10. SHARES ISSUED ISSUED SHARES — THIS SE	 <i>("X" BOX FOR ATTAC</i> CITON <u>MUST</u> BE COMPLETE:	 CHMENT) []		
his information is curre	ently of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value		
state. Changes require anstruction sheet.	an additional filing.	See Section 9 of	1,000	None None			
his report must be executive report must be executive to the execution of the contract of the	uted on behalf of the	corporation by an authorized	representative If the				

**FILED** Check No. \_ FEB 24 2010 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affin	rm that I have a	· ¥ a m	ined	this range
including any accompanying schedules and contained herein are true and correct.	statements, an	d th	t all	statement
Signature	Date		C	<i>YO</i> _
David M. Rathbun		,		
Print or Type Name	· · · · · · · · · · · · · · · · · · ·	_		
President				
Title	Form	630	Pev	08/08