



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. 140256		2. Name of Corporation CAROLINA SOUND, INC.		
3. Street Address Principal Business Office 7 BASS ROCK ROAD			City CAROLINA	State RI
4. Business Phone No. 401-364-0692			5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island CUSTOM AUDIO, VIDEO				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name PETER T. DELASANTA		Vice President Name KARA SABOURIN		
Street Address 7 BASS ROCK ROAD		Street Address 7 BASS ROCK RD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI
Secretary Name PETER T. DELASANTA		Treasurer Name PETER T. DELASANTA		
Street Address 7 BASS ROCK ROAD		Street Address 7 BASS ROCK ROAD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name PETER T. DELASANTA		Director Name		
Street Address 7 BASS ROCK ROAD		Street Address		
City CAROLINA	State RI	Zip 02812	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
600 NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class/Series
			100	COMMON
				Par Value
				NO PAR VALUE

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.

File Date **FILED**

Check No. **FEB 26 2010**

By: **2583**

FOR SECRETARY 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 statements contained herein are true and correct.

Signature **Peter T. Delasanta** Date **2/24/10**

PETER T. DELASANTA
Print or Type Name

PRESIDENT
Title