



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 60282		2. Name of Corporation Narragansett Concepts, LTD.			
3. Street Address Principal Business Office 43 Church St.			City Warren	State R.I.	Zip 02885
4. Business Phone No. 247-0789		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Consulting Services&any other lawful activity.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert M Burke			Vice President Name Robert M Burke		
Street Address 43 Church St.			Street Address 43 Church St.		
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
Secretary Name Robert M Burke			Treasurer Name Robert M Burke		
Street Address 43 Church St.			Street Address 43 Church St.		
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert M Burke			Director Name NONE		
Street Address 43 Church St.			Street Address 43 Church St.		
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
Director Name NONE			Director Name NONE		
Street Address 43 Church St.			Street Address 43 Church St.		
City Warren	State R.I.	Zip 02885	City Warren	State R.I.	Zip 02885
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares NONE		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 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 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.

Robert M Burke 2/22/10
Signature Date

Robert M Burke

Print or Type Name

President

Title

FILED	
File Date	FEB 25 2010
Check No.	
By:	BY [Signature]
FOR SECRETARY OF STATE USE ONLY	