

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

subject to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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(cod)) is

. Street Address Principal Business Office		City Warwick	State RI	<sup>Zip</sup> <b>02886</b>	
3566 Post Road Suite 2  A Business Phone No.  5. State of Incorporation			AASIMICK	1174	02880
401-921-5422 Rhode Island					
Ownership and Open		n & Sale of Bridal Gowns and			
	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) TILL IN S  Vice President Name	SPACES BEFORE USING	ATTACHMENTS
President Name			Scott W. Gray		
ludith B. Gray			Street Address		
treet Address 14 Sherwood Drive			14 Sherwood Drive		
Try <b>Vesterly</b>	State RI	<sup>Zψ</sup> <b>02891</b>	City Westerly	State RI	<sup>Ζέφ</sup> <b>02891</b>
Secretary Name <b>William D. Gray</b>			Treasurer Name William D. Gray		
Street Address 14 Sherwood Drive			Street Address 14 Sherwood Drive		
City Westerly	State RI	Zip <b>02891</b>	City Westerly	State RI	<sup>Ζip</sup> <b>02891</b>
		ECTORS: ("X" BOX FOR AT		I N SPACES BEFORE USIN	G ATTACHMENTS
Director Name  Judith B. Gray			Director Name William D. Gray		
Street Address			Street Address		
14 Sherwood Drive			14 Sherwood Drive		
City	State	Zip	City Westerly	State RI	<sup>Ζφ</sup> 02891
Westerly  Director Name	<u>  RI</u>	02891	Director Name		[0205]
Scott W. Gray			•		
Street Address			Street Address		
14 Sherwood Drive				State	Zip
City <b>Westerly</b>	State RI	<sup>Ζip</sup> <b>02891</b>	City	State	12,7
9. SHARES AUTHOR	1	1	: 10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
,, o <u>ranico</u>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Class/Series	Par Value
			100	Common	NPV
manuetton sacot.					
This report must be a	xecuted on behalf of	the corporation by an authoriz	ed representative. If the	corporation is in the hand	ds of a receiver or trust
this report must be ex	secuted on behalf of the	he corporation by the receiver	or trustee.		
•					
			Under penalty of	perjury, I declare and affirm	that I have examined this
		***************************************	including any acc	companying schedules and s are true and correct.	tatements, and that all sta
	FILED M		Contained neveri	10.1	2-20-1
File Date			MILLI	<u>"'/~</u>	2-20-/ Date
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Check No. M	AR 01 2010 CM 1503		Signature	11 > 0	ray