

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.

subject to a penalty fee of \$25.0	0.		,	agic. is time preservota by I	ale (K.r. G.I., 7-1.2-1301(e@a)) ;	
L. Corporate ID No. 86418	The Inters	2. Name of Corporation The Intersource Group, Ltd.				
3. Street Address Principal Dusiness Office 940 Waterman Avenue			East Providence	State RI	Ζιρ 02914	
1. Business Phone No. 401-435-7900 5. State of Incorporation Rhode Island						
	sourcing and sale	of manufactured goods.				
7. NAMES AND ADDRESS President Name Gregory L. Lucini	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN SP Vice President Name	ACES BEFORE USING	ATTACHMENTS	
Street Address 940 Waterman Avenue			Street Address			
East Providence	State RI	^{Zip} 02914	City	State	Zip	
Secretary Name Gregory L. Lucini			Treasurer Name Gregory L. Lucini			
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue			
East Providence	State RI	^{Zip} 02914	City East Providence	State RI	Zip 02914	
Kenneth R. Palumbo	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue			
City East Providence Director Name	State RI	Zip 02914	City East Providence Director Name	State RI	ΖФ 02914	
Street Address			Street Address			
City	State	Zip	City:	State	Zip	
9. SHARES AUTHORIZE	D		10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTION	 "X" BOX FOR ATTAC ION <u>MUST</u> BE COMPLETED	HMENT)	
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	
			200	Common	\$1.00	
This report must be executhis report must be execut	ited on behalf of the	he corporation by an authorize	d representative. If the corp	poration is in the hand	s of a receiver or trustee.	

ehalf of the corporation by the receiver or trustee.

PILED	Under peralty of perjury. I declare and affi including any accompanying schedules ar contained herein are true and correct.
Check No. By WAR 01 2010	Signature Gregory Lucini
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President Title

Form 630 Rev. 08/08