

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

Form 630 Rev. 12/06

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. 113377		oration NTERNATIONAL, IN	ΓERNATIONAL, INC			
3. Street Address Principal Business Office 1545 WESTMINSTER STREET			PROVIDENCE	State RI	Zip 02909	
4. Business Phone No. 5. State of Incorpor RHODE ISL.						
6. Brief Description of the Cho BUY AND SELL JEW		ted in Rhode Island	-			
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR	<i>ATTACHMENT)</i> FILL IN S	PACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
VIVIAN JOHNSON			: N/A			
Street Address 29 1/2 MULBERRY	CIRCLE		Street Address			
City JOHNSTON	State Ri	^{Ζφ} 02919	City	State	Zip	
Secretary Name SAME			Treasurer Name			
Street Address			Street Address			
СИу	State	Zip	City	State	Zip	
8. NAMES AND ADDR	 ESSES OF THE DIRE	 CTORS: <i>("X" BOX FO</i>)	: R <i>attachment</i>) ∏ fill in	SPACES REFORE USU	 NG ATTACHMENTS	
Director Name		0101101	Director Name	STREET DAY ONE COL	NO MI INCHIMENTS	
VIVIAN JOHNSON						
Street Address			Street Address			
29 1/2 MULBERRY CIRCLE						
City	State	Zip	City	State	Zip	
JOHNSTON	JRI	02919				
Director Name			Director Name			
Street Address			Street Address			
			OF OUR MANY EN			
City	State	Zip	City	Siate	Zip	
9. SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT) 🗌	10. SHARES ISSUED	("X" BOX FOR ATTA	CHMENT) [
AUTHORIZED SHARES			ISSUED SHARES — THIS SEC	CTION MUST BE COMPLETE	D	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 @ \$ 1.00 PAR VALUE			100		1.00	
			1.00 14 4			
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		e corporation by an auti	horized representative. If the converge or trustee	orporation is in the han	us of a receiver or truste	
uns report must be exe	cuted on behan of th	e corporation by the rece	erver or trustee.			
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			contained herein a		sacments, and that all state	
File Date FILE						
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Check MAR 0 1 20)10			TNEON	2 4.0	
$\cap \mathcal{AO}$			VIVIAN JOE Print or Type Name			
By: By			PRESIDEN	1		