

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

601.222.304

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 \$25.0	00.	, <u>, , , , , , , , , , , , , , , , , , </u>	1 7		,	
1. Corporate ID No. 12348		2. Name of Corporation Dynamic Diagrams, Inc.				
3. Street Address Principal Business Office 111 Chestnut Street			Providence	State RI	<sup>Zip</sup> 02903	
4. Business Phone No. (401) 223-1233 5. State of Incorporation Rhode Island						
6. Brief Description of the Cha To provide consulting :	racter of Business Condu services in informat	cted in Rhode Island tion and visual design.				
7. NAMES AND ADDRE President Name and Ch Timothy H. Roy	isses of the offi ief Executive	icers: <i>("x" box for atta</i> e Officer	CHMENT)   FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address 111 Chestnut Street			Street Address	··		
City Providence	State RI	Zip 02903	City	State	Zip	
Secretary Name Lisa S. Gussak			Treasurer Name Timothy H. Roy			
Street Address 111 Chestnut Street			Street Address 111 Chestnut Street			
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Timothy H. Roy			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name Lisa Gussak			
Street Address 111 Chestnut Street			Street Address 111 Chestnut Street			
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903	
Director Name Margery Gussak			Director Name		***************************************	
Street Address 111 Chestnut Street			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
9. SHARES AUTHORIZE	ED			O ("X" BOX FOR ATTAC ECTION <u>Must</u> 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	
			1,000	Common	No Par	
		he corporation by an authorize		corporation is in the hand	ls of a receiver or trustee,	
this report must be exec	uted on behalf of th	e corporation by the receiver	or trustee.			
				/		
			including any e		that I have examined this repratements, and that all statements	
File Date FILE	<b>)</b>				2-9-10	
Check No MAR 0 1 2010			Signature Z	Roy	Date	
By: By	14/2		Print or Type Nam			
FOR SECRETARY	OF STATE USE ONLY		President			