

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

401.222.30

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

subject to a penalty fee of \$23.00.			•		
1. Corporate ID No. 141241	2. Name of Corporatio		D		
3. Street Address Principal Business	Office	t, Bullaing &	Restoration Compar	ny, Inc.	T
19 Bliss Mine Road			Middletown	R.I.	Zip 02042
		5. State of Incorporation	I Madietowii	Rolls	02842
401-846-6747 Rhode Island				ī	
6. Brief Description of the Characte		Rhode Island			
Freshkera Ivame	toration s of the officers	: ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACE Vice President Name	CES BEFORE USING	G ATTACHMENTS
Mark D. Taft					
Street Address			Street Address		
19 Bliss Mine Ro					
City	State	Zip	City	State	Ζψ
Middletown Secretary Name	J R.I.	02840	**************************************]	
			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζψ
O WARREN AND ADDRESS					ļ ⁻
6. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS
_			Director Name		
Same as above Street Address			Carrot (J.J.)		
		Street Address			
City	State	Zip	City	State	7//
**184963444444499444444444444	1	_			Zi p
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		
		•			
Street Address			Street Address		
City	State	170		· · · · · · · · · · · · · · · · · · ·	
	Jame	Zψ	City	State	Zψ
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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
			1,000	Common	NO PAR VALUE
1,000 NO PAR VALUE			2,000	Canada	NO FAR VALOR
]
This report must be executed this report must be executed of	on behalf of the corp	oration by an authorize	d representative. If the cornor	ation is in the hands	of a receiver or trustee
this report must be executed o	on behalf of the corpo	ration by the receiver o	r trustee.		or a receiver or musice,
	•				
			Under penalty of perjury.	I declare and affirm the	hat I have examined this report,
<u> </u>			including any accompany	ing schedules and star	tements, and that all statements
			contained herein are true	and correct.	
File Date				ule as	4-2/26/1
Check NAIAD A 1 2010			Signature		Date
Check NoMAR 0 1 2010	[Mark D. Taft		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name		
			President		
TOR SECRETARI OF STA	TE USE ONLY		Title		
					Form 630 Rev. 08/08