State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
30988	SPECIALTY ADVERTISING PRODUCTS, INC.

3. Street Address Principal Business Office	City	State	Zip
891 Eddie Dowling Hwy.	No. Smithfield	RI	02896

4. Business Phone No.	5. State of Incorporation
(401) 769-2364	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To maintain and operate a Real Estate Agency

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Normand Jolicoeur	85 Manley Drive	Pascoag	RI	02859

Vice President Name	Street Address	City	State	Zip
Barbara Jolicoeur	85 Manley Drive	Pascoag	RI	02859

Secretary Name	Street Address	City	State	Zip
Barbara Jolicoeur	85 Manley Drive	Pascoag	RI	02859

Treasurer Name	Street Address	City	State	Zip
Normand Jolicoeur	85 Manley Drive	Pascoag	RI	02859

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED 2,000

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature — Date: 2/15/10

Normand Jolicoeur
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No.
By: MAR 01 2010
By 348 FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08