

A. Ralph Mollis, Secretary of Corporations Division 148 W. River Street

Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0 4
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. 7-1.2-150).

subject to a penalty fe	e of \$25.00.	oration failing or refusing to file its	annual report within thirty (30) day	ys after the time prescribed by law	N BLACK INK.
1. Corporate ID No.	2. Name of Con	poration			1,2-1,01((0a))
3. Street Address Prin	cipal Business Office	TRY BROC	K, LTD		
4. Business Phone No	TAMES ST		CHU PROV	state Z	13863
40	17517654		7		02903
6. Brief Description of	the Character of Business Condu	sted in Rhode Island			
7. NAMES AND A	ADDRESSES OF THE OFFI	CERS: ("X" BOX FOR AT		D4 000 pmu = 1	
President Name THO	MAS J. PA	QUINE AU	Vice President Name		
Street Address 7	H11451D	CIMILAU	Street Address	ERT ROTE	41
City -	State	CT.	ONE J	AMES ST	
E 67	RI	24 OZF18	CHYPROV	State RT	02903
Secretary Name PE	TER J ROY		Treasurer Name	2 = 10	
Street Address			* STAGET MORTHEST	S T PRIMER	14
City	SAME	Zip		SAUC	
		['	City	State	Zip
8. NAMES AND A	DDRESSES OF THE DIREC	TORS: ("X" BOX FOR AT	: TACHMENT)	SPACES REFORMATION	
PK	TER TROT	F/()	Director Name	PARES BEFORE USING	ATTACHMENTS
Street Address	TRR TROT		Street Address		
City	S'AMC State	Zip			
Director Name			City	State	Zip
<u> </u>	OMAS IN	PRIMERI	Director Name		
Street Address	SAME State		Street Address		
žity	State	Zip	City		
. SHARES AUTHO	1	170 SECTOR - 1200 St. of the collection of the original collection		State	Zip
	The state of the s		10. SHARES ISSUED (* ISSUED SHARES — THIS SECTION	X" BOX FOR ATTACHM	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
nstruction sheet.	ano an additional illing. S	see Section 9 of	8000	COMMON	#/
his report must be executed on behalf of the corporation by an authorized is report must be executed on behalf of the corporation by the receiver or			100 8500		#/
his report must be	executed on behalf of the executed on behalf of the c	corporation by an authorized orporation by the receiver of	d representative. If the corp	oration is in the hands of	a receiver or trustee
			uustee.		dudico,
			Under penalty of perim	ry, I declare and affirm that I	have one-i-
A STATE OF S	HEMPers No. 100		including one of	Tall in the second control of the second con	nave examined this repor

RYOR SECRETARY OF ST

Under negative of periors, 1 de-t	
including any and including any	e and affirm that I have examined this report,
The same of the contract of th	PATIMER and statements
contained herein are true and for	rect.
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	5 2-22-10
Signature	Date
Perrat	
PETERIA	COTELLI
Print or Type Name	
1/1.0	
Vice Pr	`eኗ
Title	