

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

401.222.3040

* 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.

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503814	2. Name of Corporation Red (AY	INC			
3. Street Address Principal Busiliess O			N. Providence	State KI	039 31
4. Business Phone No (401) 714 - 6969 5. State of Incorporation Rhale Is		Ja-K)			
6. Brief Description of the Character of	f Business Conducted in R				
7. NAMES AND ADDRESSES	Q(VICC OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	ES BEFORE USING	G ATTACHMENTS
RAYMUND DOUMIAS			RAYROND DOUGLAS		
Street Address 50 SAMDSON AVE			Street Address 50 SAMSON AVE		
City O	State	Zip	City O. Jan 10	State	Zip 6 20 11
N YICVICLAICE Secretary Name	I K L	109911	Treasurer Name	KT	02911
RAYMOND DOUGLAS			Raynard Doughs		
50 Sanpson Ave			50 SAMPSON AVE		
N. Providence	State R'T	02911	N. Providence	State	02911
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	Director Name	CES BEFORE USI	NG ATTACHMENTS
KAYNOND DOUGINS			Street Address		
JO Sangsul Ave				T	Lee.
N. Providence	State RI	029N	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СНу	State	Zip	CHy	State	Zip
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
			1000		_
This report must be executed this report must be executed (ration is in the han	ids of a receiver or trustee,
this report must be executed t	on behalf of the corp	oration by the receiver	or trustee.		
					what I have a considered this assessment
	and an income and in the	, FILEI	including any accompa- contained herein are tru	nying schedules and	n that I have examined this report statements, and that all statemen
File Date		MAR 11 20			-3/1/10
Check No.		d-	Signatur	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date
	BY	113489	Print or Type Name	L Douglas	>
By:FOR SECRETARY OF STA	ATE USE ONLY		Presiden	it	
			Title		