



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 20/0 401.222.30

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(e6-d)) is which to a results for eff \$25.00

subject to a penalty fee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation SEA BR	EEW CMPROVEN	NENT), INC.		
3. Street Address Principal Business Office			City	State	Zip
51 OAK AVENUV  4. Business Phone No. 5. State of Incorporation			NARRAGAUSETT	RI	02889
(401) 741-6219 RHOPE I  6. Brief Description of the Character of Business Conducted in Rhode Island			SCIFFIN		
U. Drief Costription of the Charleson of	2				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		ES BEFORE USING AT	TACHMENTS
President Name			Vice Fresident Name		
STEPHEN A. PALAZZO			MARILYN PALAZZO  Street Address		
street Address 51 OAK AVBHUB			SI OAN AVENUE		
	State	Zip	· City	State	Zip
NARRAGAMSOT	RI	02882	NARRAGAMSOTT	RI	02882
Secretary Name			STEPHEN A. PAUAZES		
MAGILYIN PALAZZO Street Address			Street Address		
			SI OAN AVBNUK  City NARAGAMGETT RT 02882		
SI OAN AVE	State	Zip _	City	Stale	Zip
IV ARRAGAHSBITT	- RE	02882			02885
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATT		CES BEFORE USING A	ATTACHMENTS
Director Name			Director Nume		
Street Address		Street Address			
			: '		
City:	State	Zų	City	State	Zip
			Dimerton Mount	<u></u>	
Director Name			Director Name		
Street Address			Street Address		
				· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
A CHARGE AUTHORIZED	1	l	: 10 SHARES ISSUED ("X	 " ROY FOR ATTACHM	[ (FNT) □
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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.					No. Carelli
			1000		PARTIE OF
					CORPE TO
			If the second		<b>35</b> 30 30 30 30 30 30 30 30 30 30 30 30 30
This report must be executed this report must be executed	on behalf of the cor	rporation by an authorize noration by the receiver	ed representative. If the corpo or trustee.	ration is in the hands of	La Cacave A Provider
this report most be executed	on behalf of the cor	,	• • • • • • • • • • • • • • • • • • • •		2 ESC
		4.			<b>₹</b> ₹
		FII FD"	Under penalty of periur	y, I declare and affirm tha	t I have examined this repo
			including any accompai	nying schedules and stater	m-4s, and that all statemen
	X	1	contained herein are tru	e and correct.	- m
File Date		MAR 30 2010	- 5 Cura	A. Coly	3-27-40
ח דחוח	<b>NAM</b>		Signature		Date
Check No.	BY_	lu 1:54	JIEPHEN	A. PALAZZO	
Ву:	<b>           </b>		Print or Type Name		
FOR SECRETA OF	ATE USE OF NLY		66821081	41	
			Title		



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

