

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 20/0 401.222.30Filing 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&rd)) is subject to a penalty fee of \$25.00.

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1. Comporate 1D No 137892	2. Name of Corporation  ANNO	L INC			
3. Street Address Principal Business 16 MONEY	Office H141		CHEPACHET ISLAND	State R)	02814
4. Business Phone No. 401 - 568 - 6	3588	5. State of Incorporation  ( )	ISLAIN)	,	
6. Brief Description of the Character	of Business Conducted in	Rhode Island	1	WARMS FLOX	
7. NAMES AND ADDRESSES		S: ("X" BOX FOR ATTA	CHMENT) 🗍 FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
President Name  AMAZ AKHTAA			Vice President Name  AYAZ AKHTIKO		
AYAZ AKHTAR  Street Address 614 FRONT STREET 15T FLOWN City WOONSOCKET RI 219 02895			Street Address		
City	State State	15/ Floq/	: City	State	Zip
WOONSOCKET	R	02895			
Secretary Name AYAZ AKHTAR			Treasurer Name		
Street Address			Street Address		
City	State	Zip	AYAZ AK	State	Zip
			<u>:</u>		
8. NAMES AND ADDRESSE: Director Name	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City	State	Zψ	Сиу	State	Zip 3
Director Name			Director Name  Director Name  Director Name  Director Name  Director Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	$z_p$
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currentl	y of record in the Of	fice of the Secretary of	Number of Shares	Class/Series	Par prive
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000		0
This report must be avenue.	d on bahalf of the	proportion by on with color	d consequents in a 15 december		
this report must be executed	on behalf of the co	poration by the receiver of	d representative. If the corpor trustee.	arion is in the bands of	a receiver or trustee,
		•			**************************************
	1 -		Under penalty of periury	. I declare and affirm that	I have examined this repor
FII	<u>En</u>		including any accompany contained herein are true	ying schedules and statem	ents, and that all statement
File Date  Check No. APR 13 2010  By: By UU/27 3:54  FOR SECRETARY OF STATE USE ONLY			Lech		04-13-7010
			Signature	111-0	Date
			AYAZ AK Print or Type Name	HIAY	
			PRESIDEN		
FOR SECRETARI OF S	TATE GOD ONLT		Title		Form 630 Rev. 08/08

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## Receipt

Transaction# 004-100416 Monday, October 05, 2009 10:01 AM

Office of the Secretary of State 148 W. River Street Providence, RI 02904 Phone: 401-222-2357 Fax: 401-222-3879 Web: http://www.sec.state.ri.us/

Quantity	Description	Price			
1	Change of Registered Office 137892: ANMOL	\$0.00			
4	Annual Report BC	\$200.00			
3	Penalties (Business)	\$150.00			
	Total fee	\$350.00			

Paid by CHECK (10287) \$350.00

Anmol