

subject to a penalty fee of \$25.00.

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 30/0 401.222,30 Filling Period: January 1 - March 1 • Filling 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

suojeci io a periatry jee of \$25,00.	*****	~~~~~			
1. Corporate 1D No. 18695	2. Name of Corporation				
18695 3. Street Address Principal Business	V,	T. R. Con	<i>C</i>		······································
747 A 9		AVE	Middletown	State 13 7	Zψ
. Business Phone No.		5. State of Incorporation	THAGIE TOWN		02812
401 849	6800	Rhode	Island		, c 1
Brief Description of the Character	r of Business Conducted in ,	Rbode Island		***************************************	<u>;</u>
PLAD	Este MA	971996 mga	/		毒
NAMES AND ADDRESSE	s of the officers	("X" BOX FOR ATTA	/ CHMENT) ∏ FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
resident Name			Vice President Name		
irreet Address			hone		
348 F 62 nd St. Apt 16			Street Address		
97 . T	State VI 1772	Zip	Gity	State	
YEW YOLK	NU	10021	* *		
retary Nume		· * * * * * * * * * * * * * * * * * * *	: Treasurer Name	erforotuteraneurgeun, papauson. J	്വ
DOWS VA	ne Miller	•	10Ns V	AnE Mille	ال ا
eet Address	,)		Street Address		
605 FAIL	way Un	**************************************	605 1-A	Mulay Dr	E
and alledans	Sidile D	02842	City	State	Zψ
NAMES AND ADDRESSES	S OF THE DIRECTOR	S: ("X" BOX FOR ATI	ACHMENT) FILL IN SPA	CES REPORE USING	U-Z 8 Y Y
ector Name 1			Director Name	CLD DEFORE ESTING A	II IACHRINIS
John	Egn VI		JAME.	A. Tollel	15 n. 1
ret Address			Street Address	tambaini da	<i>9.0.0</i>
555 (VCS	m UL		122/110	PERISON AV	Έ,
Ya Jan H	State 7	Zip	City	State	Zψ
ector Name		02840	Cillagleteun.	J. BZ	02844
			Director Name		
Street Address			Street Address		
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y	State	Ζip	City	State	Zip
011 4 Table 4 Table 4 Table 5					
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
			8000	1 Puntan	*/-
				Cummon	
is report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpor	ation is in the hands of	a receiver or trustee
s report must be executed	on behalf of the corpo	oration by the receiver o	or trustee.		v. www.
Water Co.					
	10.00	•			
/	U(5)		Under penalty of perjury	, I declare and affirm that	I have examined this repor
/		:	including any accompan	ying schedules and statem	ents, and that all statemen
FILE			contained herein are true	and correct.	3 1 3/
e Date	<u> </u>		Alde	Jake!	nully 73
eck No. JUN 14 20	110		Signature	\mathcal{O}_{t}	Date
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FOR SECRETARY OF ST	ATE USE ONLY		-18c/	Thesi	
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