

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 2010

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.I. 7-1.2-1501(c&d)) is subject to a negative fee of \$25.00 subject to a penalty fee of \$25.00.

1. Corporate ID No. 103603	DLM Variety Inc	2. Name of Corporation DLM Variety Inc.				
3. Street Address Principal Business Office 365 Snake Hill Road			City North Scituate	State RI	<sup>Zip</sup> 02857	
4. Business Phone No. 5 State of Incorporation Rhode Island					02037	
6. Brief Description of the Character	of Business Conducted in	Rhode Island		·		
7. NAMES AND ADDRESSES President Name Deborah A. Livingston	OF THE OFFICERS	: ("X" BOX FOR ATT.	ACHMENT)  FILL IN S  Vice Predicted Name  Same	PACES BEFORE USI	NG ATTACHMENTS	
Street Address			Street Address			
369 Snake Hill Road	<u> </u>		there i man (S			
North Scituate	State RI	<sup>Ζφ</sup> 02857	Сиз	State	Z.p.	
Same			Treasurer Name Same			
Street Address			Stree Address			
City	State	To:				
·	1	Zip	Cit <sub>i</sub>	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT OF THE DIRECTOR OF THE DIRECT			TACHMENT) To FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  None			
Street Address			Street Address			
City	Leave	T:				
····,	State	Zip	СИ)	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zψ	
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 Sharer	Class Serieli	Par Value	
			None	0	0	
			ļ			
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorize ration by the receiver c	Under penalty of per	ury, I declare and affirm	that I have examined this roport	
File Date FILED  Check No. JUN 2 8 2010  By:	2		Signature  Prout or Type Name	panying schedules and s	A CA 6,35/10  Date  J W 65 707	
By FOR SECRETARY OF STATE	E USE ONLY		Title Presi	ant		