

A. Ralpb Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2 6 6 401.222.30
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(e&d)) is subject to a penalty fee of \$25.00.

71637	M IDW				
3. Street Address Principal Bus	iness Office	· 	New PORT	State R.T.	O7840
6. Lensee Road Sure 6 4. Business Phone No. 5. State of Incorporatio 6. 17-7238672 Rhole I 6. Brief Description of the Character of Business Conducted in Rhode Island					
	SSES OF THE OFFIC	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USING A	TTACHMENTS
Stephen R Lewis STEIN Street Address G1 Lenge Road			Street Address		
NEW PORT	State RT	2ip 012.840	City	State	Zip
Secretary Mame	, 	·	Treasurer Name		
Street Address			Street Address		
City	State	Zφ	City	State	Zip
8. NAMES AND ADDRE	SSES OF THE DIREC	CTORS: ("X" BOX FOR AT	IACHMENT) [FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	ZIP
Director Name			Director Name		The state of the s
Street Address			Street Address	· M	- 5
City	State	Zip	Сиу	State	26
9. SHARES AUTHORIZE	_	par value		("X" BOX FOR ATTACHM TION MUST BE COMPLETED	IENT)
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
			NONE	COMMON	No PAR VALLE
This report must be exect this report must be executive.	ruted on behalf of the	corporation by an authorize	d representative. If the coor trustee.	orporation is in the hands of	of a receiver or trustee,
	/ 0.	06			
File Date FILED Check No. JUL 20 2010 Check No.			Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct. Topke Rico		
FOR SECRETARY O	OF STATE USE ONLY		Print or Type Name PROSID Title	eNT	