



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2009

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(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                    |                                                  |                                                                     |                               |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|---------------------------------------------------------------------|-------------------------------|--------------------------|
| 1. Corporate ID No.<br><b>71637</b>                                                                                                                        |                    | 2. Name of Corporation<br><b>MIDWAL CORP</b>     |                                                                     |                               |                          |
| 3. Street Address Principal Business Office<br><b>61 LEDGE ROAD SUITE G</b>                                                                                |                    | City<br><b>NEWPORT</b>                           |                                                                     | State<br><b>RI</b>            | Zip<br><b>02840</b>      |
| 4. Business Phone No.<br><b>401-7238642</b>                                                                                                                |                    | 5. State of Incorporation<br><b>Rhode Island</b> |                                                                     |                               |                          |
| 6. Brief Description of the Character of Business Conducted in Rhode Island                                                                                |                    |                                                  |                                                                     |                               |                          |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |                                                  |                                                                     |                               |                          |
| President Name<br><b>Stephen R Lewinstein</b>                                                                                                              |                    |                                                  | Vice President Name                                                 |                               |                          |
| Street Address<br><b>61 LEDGE ROAD</b>                                                                                                                     |                    |                                                  | Street Address                                                      |                               |                          |
| City<br><b>NEWPORT</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02840</b>                              | City                                                                | State                         | Zip                      |
| Secretary Name                                                                                                                                             |                    |                                                  | Treasurer Name                                                      |                               |                          |
| Street Address                                                                                                                                             |                    |                                                  | Street Address                                                      |                               |                          |
| City                                                                                                                                                       | State              | Zip                                              | City                                                                | State                         | Zip                      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |                                                  |                                                                     |                               |                          |
| Director Name                                                                                                                                              |                    |                                                  | Director Name                                                       |                               |                          |
| Street Address                                                                                                                                             |                    |                                                  | Street Address                                                      |                               |                          |
| City                                                                                                                                                       | State              | Zip                                              | City                                                                | State                         | Zip                      |
| Director Name                                                                                                                                              |                    |                                                  | Director Name                                                       |                               |                          |
| Street Address                                                                                                                                             |                    |                                                  | Street Address                                                      |                               |                          |
| City                                                                                                                                                       | State              | Zip                                              | City                                                                | State                         | Zip                      |
| 9. SHARES AUTHORIZED<br><b>1000 COMMON NO PAR VALUE</b>                                                                                                    |                    |                                                  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                          |
| 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. |                    |                                                  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                               |                          |
|                                                                                                                                                            |                    |                                                  | Number of Shares<br><b>NONE</b>                                     | Class/Series<br><b>COMMON</b> | Par Value<br><b>NONE</b> |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|              |                                        |
|--------------|----------------------------------------|
| <b>FILED</b> |                                        |
| File Date    | <b>JUL 20 2010</b>                     |
| Check No.    | <b>By 05122861</b>                     |
| By           | <b>FOR SECRETARY OF STATE USE ONLY</b> |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Stephen R Lewinstein** 7-19-10  
Signature Date  
**Stephen R Lewinstein**  
Print or Type Name  
**PRESIDENT**  
Title