

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORA'TION ANNUAL REPORT FOR THE YEAR ______2010 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. 7-1.2-1; subject to a penalty fee of \$25.00.	501(e), each corporation fail	ling or refusing to file its anni	ial report within thirty (30) days after t	he time prescribed by law (R.I.	G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 123597	2. Name of Corporation llene M. Winegard, Inc.					
3. Street Address Principal Business Office 104 Village Drive			East Providence	State RI	^{Ziμ} 02915	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Ilene M. Winegard			Vice President Name None			
Street Address 104 Village Drive			Street Address			
East Providence	State RI	^{Zip} 02915	City	State	Zip	
Secretary Name llene M. Winegard			Treasurer Name Ilene M. Winegard			
Street Address 104 Village Drive			Street Address 104 Village Drive			
East Providence	State RI	շւր 02915	City East Providence	State RI	^{Zip} 02915	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Officetor Name Îlene M. Winegard			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name None			
Street Address 104 Village Drive			Street Address			
City East Providence	State RI	Zip 02915	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
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 Shares	Class/Series	Par Value	
			500	Common	No Par Value	
			100	Common	No Par Value	
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.						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File DateFILED	contained herein are true and correct. 7/27/10 Signature Date
Check No. 1111 3 0 2010	Ilene M. Winegard
BV 10026	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President
TON SECRETARY OF STATE USE ONES	Title Form 630 Rev. 08/08