



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) 222-3000

PROFIT CORPORATION 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. § 1-2-150(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1-2-150(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138998		2. Name of Corporation Musicland, Inc.			
3. Street Address Principal Business Office PO Box 630		City Guilderland	State NY	Zip 12084	
4. Business Phone No. 518-862-2236		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island N/A - business ceased operations in Rhode Island in 2009					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Lansing		Vice President Name Louis Lansing			
Street Address PO Box 106		Street Address PO Box 106			
City Guilderland	State NY	Zip 12084	City Guilderland	State NY	Zip 12084
Secretary Name Louis Lansing		Treasurer Name Louis Lansing			
Street Address PO Box 106		Street Address PO Box 106			
City Guilderland	State NY	Zip 12084	City Guilderland	State NY	Zip 12084
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 100		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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	Class Series	Par Value	
		100	CNP	None	

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.

10:19

File Date	FILED
Check No.	AUG 02 2010
By:	By <u>2123736</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature Virginia Goggins Date 7/30/10
Print or Type Name Virginia Goggins
Title Office Manager