

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.322.3040

2010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 401.322.30

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\(c\frac{1}{1}\text{c}\text{d}\)) is

| subject to a penalty fee of \$25.00.   |                         |   |  |                            |                                 |
|--|-------------------------|---|--|----------------------------|---------------------------------|
| 1. Corporate ID No   | 2. Name of Corporation  | - 1                                     |  |                            |                                 |
| 00105486   | Woman                   | India 1)~                               |  | Cigio                      | 2it                             |
| 3. Street Address Principal Business O   | [fice                   |   | City   | State<br>Q-1               | 2ip U 2 885                     |
| Sou Mainst   |                         | 5. State of Incorporation               | Warren   |                            | 1 0-20 3                        |
| 4. Business Phone No. S. State of Incorporation  |                         |   |  |                            |                                 |
| 5. Brief Description of the Character of Business Conducted in Rhode Island  |                         |   |  |                            |                                 |
| o, Englesciphonogine Contractor  | ant                     |   |  |                            |                                 |
| 7. NAMES AND ADDRESSES   | OF THE OFFICERS:        | ("X" BOX FOR ATTAC                      | HMENT)   FILL IN S   | PACES BEFORE USING         | ATTACHMENTS                     |
| President Name   |                         |   | Vice President Name  |                            |                                 |
| Domas D S  | 10 a /                  |   |  |                            |                                 |
| Street Address   |                         |   | Street Address   |                            |                                 |
| 9 Middle   | Hohnay                  | (                                       |  |                            |                                 |
| City (   | State 5                 | Zip                                     | City   | State                      | Zip                             |
| Raproh   | 1 Rd                    | 102506                                  |  |                            |                                 |
| Setrelary Name   |                         |   | Treasurer Name   |                            |                                 |
| J  |                         |   | the state of the s |                            |                                 |
| Street Address   |                         |   | Street Address   |                            |                                 |
|  |                         | <del></del>                             |  | 10                         | 77.                             |
| City   | State                   | Zip                                     | City   | State                      | Zip                             |
| 8. NAMES AND ADDRESSES   | OF THE PIRECES          | e. Can bon eop 4277                     | Achment) (ii eite in   | SDACES REFORE HEIM         | G ATTACHMENTS                   |
|  | OF THE DIRECTOR         | 5: ( A BUA FUR ALL                      | ACHMENT)   FILL IN<br>Director Name  | GIACES DEFORE USIN         | O MINUMENTO                     |
| Director Name  |                         |   |  |                            | r~>                             |
| Street Address   |                         |   | Street Address   |                            |                                 |
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| City   | State                   | Zip                                     | G(f)   | State                      | <u> </u>                        |
| ,  |                         | 1                                       | :  |                            |                                 |
| Director Name  | .J                      |   | Director Name  |                            | 7                               |
|  |                         |   | <u>:</u>   |                            | <u> 20-</u>                     |
| Street Address   |                         |   | Street Address   |                            | ***                             |
|  |                         |   |  |                            | <u> </u>                        |
| City   | State                   | Zip                                     | City   | State                      | <b>₫</b> ₽ ~;;                  |
|  |                         |   | <b>:</b>   |                            | Γ .                             |
| 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                       |
|  |                         |   | 100  |                            |                                 |
|  |                         |   | 100  |                            |                                 |
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|  |                         |   |  |                            | <u> </u>                        |
| This report must be execute  | d on behalf of the cor  | poration by an authorize                | ed representative. If the o  | corporation is in the hand | us of a receiver or trustee,    |
| this report must be executed   | i on behalf of the corp | oration by the receiver                 | or trustee.  |                            |                                 |
|  |                         | •                                       |  |                            |                                 |
|  |                         |   |  |                            |                                 |
| <del></del>  |                         |   |  |                            | that I have examined this repo  |
|  |                         | <b>¬</b>                                | including any acc  | companying schedules and s | tatements, and that all stateme |
|  |                         |   | continued herein   | are true and consect.      | -1-1.                           |
| File Date  |                         | ED.                                     | (DM)   |                            | טוןרןטו                         |
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|  | <u> </u>                | <b>-//)</b> }                           | 11116  |                            | Form 630 Rev. 08/08             |