

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 20//

* In accordance with R.I.G.L., subject to a penalty fee of \$25.0	/-1.2-1501(e), each corpo	g Fee: \$50.00° • THIS REPO tration failing or refusing to file its an	ORT MUST BE TYPED nual report within thirty (30) a	OR PRINTED LEGIBLY lays after the time prescribed by la	IN BLACK INK. www (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 1042 65	2. Name of Corp	State of Incorporation	fer (andit	ionina Inc	<del></del>
3. Street Address Principal Bus 764 Noose	iness Office	1181.	cuy west as	State	Zip
4. Business Phone No. 401 - 392	-0190	5. State of Incorporation	WEST GIEEN	With /C	028//
6. Brief Description of the Char	racter of Business Conduc	ted in Rhode Island tion and p	1 . (	1:	
7. NAMES AND ADDRES	サイクレタ SSES OF THE OFFI	T, OH AH OF P CERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN	TO 0 5	ATTA CTILETATO
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name 5 Leven R. Hanna			Vice President Name		
Street Address 764 Nooseneck Hill Rd.  City West greenwith Kl 22917  Secretary Name			Street Address		
764 Roose	neck Hi	11Rd.	or cor rater cos		
west green	och K	24 8 1 T	City	State	Zip
_		· · · · · · · · · · · · · · · · · · ·	Treasurer Name	······	······l······
Street Address			Street Address		
City					
City	State	Zip	City	State	Zip
8. NAMES AND ADDRES	SSES OF THE DIREC	CTORS: ("X" BOX FOR ATT	: <i>TACHMENT)</i>	 N SPACES BEFORE USING	 G ATTACHMENTS
Steven	R. Hann	લ	Director Name		•
Street Address 764 Nooseneck Hill Rd. City State Zip			Street Address		
Cuy , Noaser	State	K A /	City		
west greenwic	6 R1	02817	on;	State	Zip
Lirector Name	ame-		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	
0.6114.7510.41	_	ľ		state	Zip
9. SHARES AUTHORIZE	D		10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)
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	CTION MUST BE COMPLETED  Class/Sories	Par Value
			100	NA	No par
			, , , , ,	10/11	Value
This report must be execu	ated on behalf of the				
this report must be execut	ted on behalf of the	corporation by an authorized corporation by the receiver of	d representative. If the c or trustee.	orporation is in the hands	of a receiver or trustee,
		<del></del> -	including any acco	mpanying schedules and stat	nat I have examined this report ements, and that all statement
File Date	n		contained herein ai	e true and correct.	
TILL	<del>J</del>	-	Sienature	fr 1	1-3-11
Check No. JAN 0 4	2011	]	Stoven	Ph	<i>Date</i> ♣

Print or Type Name