

ubject to a penalty fee of \$25.00.

Street Address

9. SHARES AUTHORIZED

instruction sheet.

City

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

Providence, RI 02904-2615 401.222.3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 late (R.I.G.L. 7-1.2-1501(cord)) is

L Corporate ID No 2. Name of Corporation 68537 Marulio 1820 M Principal Business Offic RI 5. State of Incorporation 4 Business Phone No 401-226 1619 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Dewree Street Address Street Address Zip City Zip Treasurer Name Vine Street Address Street Address $Zi\rho$ State Zip City State City 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NM NIN Street Address Street Address State Ζip Zip City State Director Name NM Nine

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.

Zip

This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

NO change

Street Address

Number of Shares

: City

State

Cluss/Series

Par Value

Z0()

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES -- THIS SECTION MUST BE COMPLETED

200

	Under penalty of perjury, I declare and affirm that I have examined this report.
FILED	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date JAN 0 4 2011	Signature Date Date
Check No By MNC By: 793/	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08