RI SOS Filing Number: 201173417570 Date: 01/10/2011 4:00 PM

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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
16251	DANNY'S DAUGHTER & SON T.V. & APPLIANCE INC			
3. Street Address Principal Business Office		City	State	Zip
1217 EDDIE DOWLING HWY		NORTH SMITHFIELD	RI	02896
4. Business Phone No.	5. State of Incorporation			
401-766-1622	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
T.V.s & APPLIANCES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
DANIEL ALEXANDRE			DANIEL ALEXANDRE		
Street Address			Street Address		
158 CENTRAL STREET			158 CENTRAL STREET		
City	State	Zip	City	State	Zip
MILLVILLE	MA	01529	MILLVILLE	MA	01529
Secretary Name			Treasurer Name		
DANIEL ALEXANDRE			DANIEL ALEXANDRE		
Street Address			Street Address		
158 CENTRAL STREET			158 CENTRAL STREET		
City	State	Zip	City	State	Zip
MILLVILLE	MA	01529	MILLVILLE	MA	01529

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
DANIEL ALEXANDRE					
Street Address			Street Address		
158 CENTRAL STREET					
City	State	Zip	City	State	Zip
MILLVILLE	MA	01529			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

[redacted] [redacted]

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 _____ Date 1-7-11

DANIEL ALEXANDRE
Print or Type Name

[redacted] OWNER
Title

File Date FILED
Check No. JAN 10 2011
By 2744
FOR SECRETARY OF STATE USE ONLY
57030-18-545107

Form 630 Rev. 08/08