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			
43281	JOE DYNASTY RESOURCES INC			
3. Street Address Principal Business Office		City	State	Zip
709 METACOM AVE		BRISTOL	RI	02809
4. Business Phone No.	5. State of Incorporation			
401-245-7617	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT AND ACCOUNTING OF FINANCIAL RESOURCES

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

President Name			Vice President Name		
ALEXANDER H. JOE			NONE		
Street Address			Street Address		
178 TOUISSET RD					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
Secretary Name			Treasurer Name		
NONE			ALEXANDER H. JOE		
Street Address			Street Address		
			178 TOUISSET RD		
City	State	Zip	City	State	Zip
			WARREN	RI	02885

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

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE			NONE		
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
5000	C	NPV 0.00

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* JAN 15 2011

ALEXANDER H. JOE
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date JAN 19 2011
Check No. 1218
By: By MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08