

2. Name of Corporation

1. Corporate ID No.

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

Providence, RI 02904-2615 401.222.3040

02871

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20// 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 o	r refusing to file its annual	report within thirty (3)	0) days after the time pre.	scribed by law (R.I.G.L. 7-	-1.2-1501(c&d)) is
	lty fee of \$25.00.						

4. Business Phone No. 5. State of Incorp 4.01 - 683 - 0129 2. I	oralion					
6. Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FO	D ATTACIONENT\ [T] EXXX IN C	BACES DESCRIPTIONS	ATTACYINEENITO			
President Name	* Vice President Name	PACES BEFORE USING	ATTACHMENTS			
CHRLTON J. STONE	DOROTHY	1				
Street Address	Street Address	Street Address				
88 MIDDLE RD.	88 MIDOL					
Ports Mouth R.I 210 02071	Ports Mouth	' State RI	²¹⁰ 02571			
DOROTHY A. STONE	(APLITON)	(ARITON J. STONE				
Street Address	Street Address	Street Address				
88 MIDELE RD	88 MIDDY	E 12D				
PORTS MOUTH RIFE O257/ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX F		$\mathcal{F} \stackrel{\text{State}}{ \mathcal{R} } \mathcal{I}$ spaces before usin	OLD //			
8. NAMES AND ADDRESSES OF THE DIRECTORS: (A BOA'F Director Name	Director Name	OLINGE GENERAL GENERAL	CLFIGHILIZED DE C			
CHRLTON T. STONE	NONE	I 4				
Street Audress 88 MIDNE RD	Street Address					
Parts Mouth RI 02271	Clty:	State	Zip			
Director Name	Director Name					
DOROTHY A. STONE						
Street Address 88 MIDDLE RD.	Street Address					
Postemouth Sall 20227/	Gly	State	Zip			
9. SHARES AUTHORIZED	10. SHARES ISSUED	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 Secret	ary of Number of Shares	Class/Series	Par Value			
State. Changes require an additional filing. See Section 9 of instruction sheet.	NONE					
That de la						
4						
This report must be executed on behalf of the corporation by an at	uthorized representative. If the co	rporation is in the hand	ls of a receiver or trustee,			
this report must be executed on behalf of the corporation by the re-	eceiver or trustee.					
	Under society of po	nium. I doubus and affirm	that I have aversized this report			
F=11 mm ma.			that I have examined this report, atements, and that all statements			
FILED	contained herein are	true and correct.	, /			
File Date 1	Carton	Stord	1/18/11			
JAN 20 2011	Signature &	7	Date			
Check No. By M	[ARL tON	CARLTON J. STONE				
By:	Print or Type Name	Dacen car	,			
FOR SECRETARY OF STATE USE ONLY	OWNER-	VILES IDENI				
	rme		Form 630 Rev. 08/08			