

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 20/1 401.222

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 by:

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penal	rrporation failing or refu ly fee of \$25.00,	sing to file its annual report	within thirty (30) days aft	ter the time prescribed by
87598	2 Names of Consoque	ion :	1. X (T)	R5 INC	
351 FIN	E SWAN	1P ROAD	CUMBERA	AND State	02864
401-334-14	99	5. State of Incorporation	T		104007
O Brief Description of the Character TO ENGAGE 7. NAMES AND ADDRESS	N THE BUS	n Rhode Island TNESS V AC IS: ("X" BOX FOR ATI	TAS HARDWA	HUOR IN	Tollees
DAVID VAUDKAIN Street Additions			Vice President Name KEVIN VAUDERIN		
251 FINE	SWAMP	RD	Street Address	FENH Pan	RI
CUMBERKANI Secretary Name	State	02864	Cum BERLA	ND State	2.40 O2864
SAME A.	5 ABOV	18	Treasurer Name SAME	45 ABOUS	
Sover Sunives		·	Street Address		
City	State	Zip	СНу	State	Zip
8. NAMES AND ADDRESSI	 ES OF THE DIRECTO	 RS: ("X" BOX FOR AT	∷ TACHMENT) [] FILL IN	SPACES REPORT HEYE	•
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name SAME AS ABOVES Director Name SAME				AS ABOV	
Street Address			Street Address	113 11000	E
CHY	State	Zip	City	State	Zip
Director Name			Director Name		
Mircel Address					
City State			Street Address		
	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sories	Par Value
			400	COMMON	NO PAR
This report must be excepted	t on bobate of d				
This report must be executed this report must be executed	on behalf of the corp	poration by an authorize oration by the receiver (ed representative. If the con or trustee,	rporation is in the hands of	of a receiver or trustee.
			Heden v e		
- FII FI		ז	meruying any accom	Danying schedules and crate	at I have examined this report, ments, and that all statements
File Date			contained herdin are	true and correct.	- (
Check No. JAN 26 21	011		Signature	- valen	Date 1-12-11
18×134 4346		Print or Type Name			
FOR SECRETARY OF STA	ATE USE ONLY		Title PREST	DENT	