

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

401.222.30Filing 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(c), 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(cc/d)) is white to a randow fee of \$25.00

541155	2. Name of Co Samir Exp	opporation ports, Inc.			
3. Street Address Principal Business Office 26 Esmond Street			City Smithfield	State RI	Zip
+ Business Phone No. 5. State of Incorporation RHODE ISLAND			I N	02917	
<ol> <li>Brief Description of the Ch Exporting of automob</li> </ol>	aracter of Business Condi	nelad in Physic Island			
			(CHMENT) [ FILL IN	SPACES REECDE LICISI	C ATTACHIA CANA
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT President Name Samir Sleiman			Vice President Name		
Mees Andress			Samir Sleiman  Street Address		
26 Esmond Street			26 Esmond Street		
Smithfield	RI RI	02917	Cup Smithfield	State RI	Ζφ 02917
Samir Sleiman			Treasurer Name Samir Sleiman		
Street Address 26 Esmond Street			Street Address 26 Esmond Street		
an Smithfield	State DI	Zip 00047	City	State	Zip
	R! ESSES OF THE DIRI	02917 ECTORS: ("X" BOX FOR ATT	Smithfield	DI	00047
irector Name Samir Sleiman	<b>L</b>	OTORS: ( A BOA FOR ATT	Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS
ret Adiress					
ame as above			Street Address		
(O)	State	Z.tp	City	State	Zip
irector Name			Director Name		
rvet Address					
-			Street Address		
11	Stette	Zip	City	State	Zip
SHARES AUTHORIZE	ED	I	10. SHARES ISSUED	( <i>"X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	HMENT) □
This information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Suries	Par Value
			100	Common	No par
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is report must be exec	ruted on behalf of th	e corporation by an authorized	representative If the c	ornoration is in the hand	
s report must be execu	ated on behalf of the	corporation by the receiver of	r trustee.	orporation is in the name	s of a receiver or trustee,
			Under penalty of p	erjury, I declare and affirm t	that I have examined this reputements, and that all statements.
7 5	LED		contained herein ar	e true and correct.	itements, and that all stateme
e Dute	- 2044		A.	/	-26-11
<sub>eck No.</sub> JAN 2	28 <b>2011</b>		Signature		- 26 - 17 Date
	\ — —		Samir Sleima	an	
<b>?</b> Y	7 1 7		Print or Type Name		·····
FOR SECRETARY O	F STATE USE ONLY		President		
			Title		Form 630 Rev. 08/08