

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Stree Providence, RI 02904-261

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIS

401.222.3040

* In accordance with R.I. subject to a penalty fee of	.G.L. 7-1.2-1501(e), each corp. \$25.00.	pration failing or refusing to file its a	unual report within thirty (30) day	R PRINTED LEGIBL s after the time prescribed by	Y IN BLACK INK. v law (R.I.G.L., 7-1.2-1501(c&d)) is
1. Corporate ID No. 153 10	2. Name of Con		Tina		
3. Street Address Principal	al Business Office	ROW	City Nasy Ocal	State O 1	Zip O i =
4. Business Phone No.	11-7275	5. State of Incorporation	1 Dewport	<u> </u>	102840
6. Brief Description of the	Character of Business Conduc	Sted in Rhode Island	19.		
7. NAMES AND AD	DRESSES OF THE OFFI	V6 LOT cers: ("x" box for att	ACHMENT) [7] FILL IN SI	PACES REPORT HEIN	C Appril Cara to the care
John A. Booth			Vice President Name		
Street Address 220 Goddard Rou)			Street Address 31 RASC PA		
newont+	State R	10 Zip	Gir Middle	State 01	Zip N.O. O.
Secretary Name			Treasurer Name Dal - 0 2		
Street Address	80 Goddan	1 Row	Street Address	R. BOOTO	
CII) DOMODICA	- State D	Zip	34 K	OSA KA	70
8. NAMES AND ADD	PRESSES OF THE DIREC	$U\partial SU$ CTORS: ("X" BOX FOR AT	TACHMENT) FILLING	SPACES BEFORE USI	12402842
120 Color Warne			Director Name	THOLOURING COI	NG ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zψ
Director Name	·····		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORI	IZED		10. SHARES ISSUED (*	X" ROX FOR ATTAC	1
This information is co	Hrrently of record in the	Off. CH C	ISSUED SHARES - THIS SECTION Number of Shares	ON MUST BE COMPLETED)
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.			100	Class/Series	Par Value
Silver.			100	 	\$1.00
This report must be ex	secuted on behalf of the	corporation by an authorize	d representative. If the corre		
this report must be exe	ecuted on behalf of the c	corporation by the receiver of	or trustee.	oration is in the hand	s of a receiver or trustee,
	6-1				_
	FILED		Under penalty of perjuincluding any accomm	ry, I declare and affirm t	hat I have examined this report, tements, and that all statements
File Date	N 3 1 2011		contained herein are tr	ue and correct.	tements, and that all statements
Check No.	1 0 1 2011		Signature -	- 4. ME	1-04-11 Date
By:	1222		Print or Type Name	H. Booth	
FOR SECRETARY	OF STATE USE ONLY		PRes	sident	
			Title		