

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PE 2011

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.			ual report within thirty (30) days		
1. Corporate ID No. 116452	2. Name of Corporation Tameracq Partners, Inc.				
3. Street Address Principal Business Office 128 DORRANCE STREET, SUITE 250			PROVIDENCE	State RI	^{Zip} 02903
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of INVESTMENT BANKING FI		bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA OF President Name DEAN A. BURDON			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name GUY ASADORIAN, JR.		
Street Address 128 DORRANCE STREET, SUITE 250			Street Address 128 DORRANCE STREET, SUITE 250		
PROVIDENCE	State RI	^{Zip} 02903	City PROVIDENCE	State RI	^{Zip} 02903
Secretary Name GUY ASADORIAN, JR.			Treasurer Name DEAN A. BURDON		
Street Address 128 DORRANCE STREET, SUITE 250			Street Address 128 DORRANCE STREET, SUITE 250		
PROVIDENCE	State R1	^{Zip} 02903	City PROVIDENCE	State RI	^{Zip} 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name NONE			*ACHMENT)		
Street Address			Street Address		FE ORRE
City	State	Zip	City	State	RAN ARY
Director Name			Director Name	***************************************	OHS S
Street Address			Street Address		Zi I
City	State	Zip	City	State	Zi N
9. SHARES AUTHORIZED			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 Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	COMMON	\$.01
This report must be executed this report must be executed o	on behalf of the corpo	oration by an authorize ration by the receiver o	or trustee. Under penalty of per	jury, I declare and affirm the	of a receiver or trustee. nat I have examined this report ements, and that all statements
File Date	:U		On A	Burdon	1/31/11
Check NoFEB 0 2 2011			Signature Date DEAN A. BURDON		