

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

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 its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc<sup>2</sup>d)) is subject to a penalty fee of \$25.00.

saugett to a permity jet of +2>+++					
1. Corporate ID No. 104861	2. Name of Corporation Emerald Intern	ational		<u> </u>	
3. Street Address Principal Business Office 50 Greaton Dr.			Providence	State RI	<sup>Zip</sup> 02906
4. Business Phone No. 401-351-5979	5. State of Incorporation Rhode Island				
6. Brief Description of the Character of To Engage in International		Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN S	PACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Solomon Friedman			Same		
Street Address 50 Greaton Dr.			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zíp
8. NAMES AND ADDRESSES	OF THE DIRECTOR	  S. ("V" BOY BOD ATT	: <i>'Achment</i> ') [] ent in	SPACES BEFORE USING	 
Director Name	OF THE DIRECTOR	is: ( A BOATORAII	Director Name	OF ACES BEI ORE COANG	
Same			. EST CONTACTOR		
Street Address			Street Address		<del></del>
Street Address			, AFCEL FINANCESS		
City	State	Zip	City	State	ZE DM
City	Suite	,p		o	1 - 00
**************************************	.1		Director Name		
Director Name			Director Name		<b>8</b> 55 C
			Street Address		
Street Address			Siree raures		
Cibi	State	Zip	: City	State	
City	CHAIC	1°-14'	- Cony		
O CHADEC MITHORITED	1	I	10 SHAPES ISSUED	("X" BOX FOR ATTACH	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT		
			Number of Shares	Class/Series	Par Value
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 source		
			10	Common	1
This report must be executed	on behalf of the cor	poration by an authorize	ed representative. If the c	orporation is in the hands	of a receiver or trustee

this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED			
	' ILCU			
File Date Check No	FEB 07 2011			
<i>ву</i> : <b>ВУ</b>	13459/			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affir including any accompanying schedules and	m that I have examined this report, statements, and that all statements
contained herein are true and correct.	> 2-7-2011
Solo COD	JEIL SOIM
Print or Type Name	ent
Title	Form 630 Rev. 08/08