

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- subject to a penalty fee of \$25,00.	1501(e), each corporation	s failing or refusing to file its ann	ual report within thirty (30) i	days after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 70823	2. Name of Corporation M & S RARE BOOKS, INC.				
3. Street Address Principal Business Office 2 Williams Street			Providence	State RI	^{Zip} 02903
4. Business Phone No. 4013312222 5. State of Incorporation RHODE ISLAND				•	
6. Brief Description of the Character DEAL IN BOOKS, PAMPHI	of Business Conducted in LETS, MANUSCRII	n Rhode Island PTS, ETC.			
7. NAMES AND ADDRESSES President Name	OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) TILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Daniel G. Siegel			Daniel G. Siegel		
PO Box 2594			Street Address Same		
City Providence	State RI	^{Zip} 02906	City	State	Zip
Secretary Name Daniel G. Siegel			Treasurer Name Daniel G. Siegel		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name N/A			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name N/A		
Street Address			Street Address		4 110 00 03s
City	State	Zip	City	State	Zip EB STAR
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip OS
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/Scries	Par Value
			100	common	no par
·					
This report must be executed this report must be executed	on behalf of the co	rporation by an authorize poration by the receiver	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,
			Under penalty of	perjury, I declare and affirm	that I have examined this report

including any accompanying schedules and statements, and that all statements File Date Check No. Frint or Type Name FOR SECRETARY OF STATE USE ONLY