

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(cord.)) is whitest to a possible for \$6.5.5.00

subject to a penalty fee of \$25.0	<i>70</i> .				
1. Corporate ID No. 52958	2. Name of Corpore	ation			
3 Street Address Principal Bus	tinose Office	N MANUFACI	YNING FILL		
3. Street Address Principal Business Office 1/ COMSTOCK— OKNY 4. Business Phone No. 944-9330 6. Brief Description of the Character of Business Conducted in Rhode Island		CHANSTON	State R. I,	07921	
4. Business Phone No. 9 44-9230	,	5. State of Incorporation	E TRUANO		
6. Brief Description of the Chai	racter of Business Conducted	l in Rhode Island	- 120		
COSTUME J	EWLKY MA	HUFACTUYUN			
7. NAMES AND ADDRE	SSES OF THE OFFICE	ERS: ("X" BOX FOR ATTA	I <i>CHMENT)</i> 🔲 FILL IN SPA	CES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
THOMASA VELLEGANO			SAME Street Address		
THOMASA SENECHINO Street Address 49 HUMELAND ST. City JOHNSTON REL 210 07919			Street Address		
JOHNSTON	State 17 ±	197919	Сиу	State	Zip
Secretary Name			Treasurer Name		l
SAME			SAME		
Street Address			Street Address		
			•		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRES	SSES OF THE DIRECT	 ORS:	: <i>TACHMENT</i>)[] FILL IN SI	 PACES REFORE HSING	C ATTACHMENTS
Director Name		(Director Name	THELE BLI ONE USIN	3 ATTACHMENTS
SAME AS ABOVE					
Street Address			Street Address		
City	State	Zip	City -	State	79.
				Suite	Zip
Director Name			Director Name		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	(P)			1	
SUU NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Office of the Secretary of	stanious of sources	Class/Series	Par Value
State. Changes require a instruction sheet.	an additional thing. S	ee Section 9 of	500	NUNIE	NUNE
				101010	14-741
This report must be exec	uted on behalf of the c	corporation by an authorize	ed representative. If the corp	oration is in the hands	of a receiver or trustee
this report must be execu	ited on behalf of the co	orporation by the receiver	or trustee.	and the manage	or a receiver or musice,
	FILED		Under negalty of perio	iry. I declare and affirm th	nat I have examined this report
			including any accompa	anying schedules and stat	ements, and that all statements
F	EB 15 2011		contained herein are tr	ue and correct).	
File Date		_	Human	Willes	une 2/14/11
	1500 m		Signature	1	Date
Check No.		-	THOMA(A GULEL	RIND
By:			Print of Type Name	v. v	1-1/YC
	The state of the s		- NECIA	= 11	
FOR SECRETARY O	OF STATE USE ONLY		Title	FNI	
			* 1114		Form 630 Rev 08/08