

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(codd)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No.	2. Name of Corpor	ration				
99694	RHY	THM EXPRESS D.	J SERVICE, INC			
3. Street Address Principal Business	s Office	- mar Kindly Di	City			
59 RIVER ST	REET			State	Zip	
4. Bustness Phone No. 5. State of Incorporation			BRISTOL	RI	<u> </u>	
401-254-1519 PHODE						
6. Brief Description of the Characte	r of Business Conducted	RHODE :	LSLAND			
MUSICAL 7. NAMES AND ADDRESSE President Name	ENTERTAINI s of the offici	MENT FOR PRIVE ERS: ("X" BOX FOR ATT	ATE FUNCTIONS. ACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
ANTHONY S. FERREIRA			NONE			
Street Address			Street Address			
59 RIVER STREET State Zip			NONE			
BRISTOL	RI.	02809	City	State	Zip	
Secretary Name		102009	NONE	NONE	NONE	
NONE			Treasurer Name			
Street Address			NONE			
NONE			Street Address			
City	City			NONE		
,	State	Zip	City	State	Zip	
NONE AND ADDRESSES	NONE	NONE	NONE			
8. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS: ("X" BOX FOR AT	TACHMENT) FILL IN S	PACES BEFORE HEIM	I NUNE	
			Director Name	DEI ORE USIN	G ATTACHMENTS	
NONE			NONE			
Street Address			Street Address			
NONE			NONE			
City	State	Zip	City	State		
NONE	NONE	NONE	NONE	State	Zip	
Director Name			Director Name	NONE	NONE	
NONE			Director Ivame			
Street Address			NONE			
NONE			Street Address			
City	State	Zip	NONE			
NONE	NONE	NONE	City	State	Zip	
9. SHARES AUTHORIZED	1	INONE	NONE	NONE	NONE	
			10. SHARES ISSUED (*	X" BOX FOR ATTACH	MENT) 🗆	
This is a			ISSUED SHARES — THIS SECTION	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.			Number of Shares	Class/Series	Par Value	
			8,000	STIK	\$ 1.00	
			N7 / 3			
This report must be executed on behalf of the corporation by an authorized his report must be executed on behalf of the corporation by the receiver of			N/A	N/A	N/A	
this report must be executed of	on behalf of the co	orporation by an authorized	d representative. If the corn	Oration is in the beat	of a marrie	
this report must be executed or	n behalf of the cor	poration by the receiver o	r trustee.	oracion is in the nands	or a receiver or trustee,	
<u></u>						
						
CII C	:n		Under penalty of perju	ry, I declare and affirm the	at I have examined this report	
116	. U	7	and accompa	urying schedules and state	at I have examined this report ements, and that all statements	
File Date		1	contained herein are tr	ue and aprrect.		
FEB 15	2011		[/ Intha-X.	Xu	02-11-11	
Check No	ZU11		Signature	- January	Date	
			A NICETAL CONTRACT		Date	
By: 12V 1 2	-J-J		ANTHONY S.	FERREIRA		
The second secon			Print or Type Name			
FOR SECRETARY OF STATE	E USE ONLY		PRESIDENT			
			Title			