

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

t. Corporate ID No. 161550		2. Name of Carporation ChoiceLines Inc.				
s Street Address Principal Business Office 100 Midway Road, Suite 13			Cranston	State RI	2ip 02920	
4. Distincts Phone No. 5. State of Incorporation (401) 649-4666 RHODE ISLAND						
l .	SHTERS AND ME	EDICAL IDENTIFICATION P				
7. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
Jeffrey R. Massotti			Vice President Name None			
Street Address 100 Midway Road, Suite 13			Smel Address			
Cini Cranston	State RI	2ip 02920	Glty:	State	Zip	
Secretary Name Jeffrey R. Massotti			Tressurer Name Jeffrey R. Massotti			
Street Address 100 Midway Road, Suite 13			Street Address 100 Midway Road, Suite 13			
Cranston	State RI	^{21p} 0292 0	City Cranston	State RI	7.ljs 02920	-
Jeffrey R. Massotti	ES OF THE DIRE	CTORS: ("X" BOX FOR AT	FACHMENT) FILL Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS	
Street Additions 100 Midway Road, Suite 13			Street Address			
Cronoton	State	Zip	City	State	Zip	- 64
Cranston Director Name	Ri	02920	**************************************			39;
			Director Name		(2)	- 3 3 1
Street Address			Street Address 50 37			
City	State	Zlp	City	State	Zup 🛣	51
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
T1			Number of Shares	SECTION MUST BE COMPLETED		<u> </u>
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			1,000	common	\$.01	-
instruction sheet.						
		e corporation by an authorise	d representative. If the	corporation is in the hand	s of a receiver or to	ustee.
This report must be execute this report must be executed.	ed on behalf of the	corporation by the receiver	or trustee.	•		*****
This report must be execute this report must be executed	ed on behalf of the	e corporation by the receiver	or trustee.			

	EILED
File Date	FEB 1 6 2011
Check No.	0-1210
RY	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules	
contained berein are true and gorrect.	. 1 1
Signatur	Date
Jeffrey R. Massotti	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08