

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.

subject to a penalty fee of \$25.00. 1. Corporate ID No.	2. Name of Corporation				
000125424	Birchtree Enterprises, Inc.				
3. Street Address Principal Business Office			City	State	Zip 00047
160 Harris Road			Smithfield	RI	02917
4. Business Phone No. 5. State of Incorporation		land			
401-767-6150 Rhode Is 6. Brief Description of the Character of Business Conducted in Rhode Island			ianu		
General Speculat					
7. NAMES AND ADDRESSES			CHMENT) [FILL IN SE	PACES BEFORE USING AT	ITACHMENTS
President Name			Vice President Name		
Patricia A. Lett			Patricia A. Lett		
Street Address 160 Harris Road			Street Address 160 Harris Road		
Smithfield	State RI	^{zip} 02917	Smithfield	State RI	^{Zip} 02917
Secretary Name Patricia A. Lett			Treasurer Name Patricia A. Lett		
Street Address 160 Harris Road			Street Address 160 Harris Road		
Smithfield	State RI	^{z_{ip}} 02917	^{City} Smithfield	State RI	^{zip} 02917
8. NAMES AND ADDRESSES Director Name Patricia A. Lett	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN :	SPACES BEFORE USING	ATTACHMENTS
Street Address 160 Harris Road			Street Address		
Smithfield	State RI	^{2ip} 02917	City	State	Zip
Director Name	******************	••••••••	Director Name	•••••••••••••••••••••••••••••••••••••••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
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/Series	Par Value
			100	Common	.00
8,000 Authorized Shares					
This report must be executed this report must be executed of				poration is in the hands o	f a receiver or trustee,

Ell ED	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 — FEB 1 7 2011	contained herein are true and sorrect. Signature Date
Check No. BY 2113	Patricia A. Lett Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title