

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 20/ 401.222.304

Filling Period: January 1 - March 1 • Filling 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(e) discontinuous and the first of the state of the

1. Corporate ID No.	2. Name of Corporation	n			w	
3. Street Address Principal Busines	1AMES	TAIT BUIL	LDER INC.	811	44	
1342 RAST KILLINGLY RD			CHY	State I	07825	
401-647-2668 RI						
6. Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSI	S OF THE OFFICERS	6: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPA	CES BEFORE USING	ATTACHMENTE	
President Name  JAMES TAIT			Vice President Name			
			Street Address			
134/2 E KILLINGLY RD  City FOSTER State  TOSTER STEET 772875						
*************************	State	Z# 02825	Сиу	State	Zip	
Secretary Name NDNE			Treasurer Name NONE			
Street Address			Street Address			
City	State	Zip	Cuy	State	773	
S NAMES AND ADDRESS					Zip	
8. NAMES AND ADDRESSE Director Name		IS: ("X" BOX FOR AT	ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City						
Cuy	State	Zip	City	State	Zψ	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zψ	
9. SHARES AUTHORIZED			i 10. Shares issued (*X	 " Box for attach	MENT) []	
			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	
			NONE		18 1 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1	
			\$ \$40% S 5 5 \$ 1 7 7			
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpo	ration is in the hands	of a receiver or trustee	
this report must be executed	on behalf of the corpo	pration by the receiver of	or trustee.		district of Radioo,	
			Under penalty of perjury	. I declare and affirm th	at I have examined this report,	
FIL	ED	Ī	including any accompan	including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
File Date FEB 2	4 2011	·	nmer 18.1 2/16/2011			
Check No. By	me		Signapare Date			
21	177		JAMES TAIT			
Ву:	/		Print or Type Name PRESIDEAT			
FOR SECRETARY OF STA	TE LISE ONLY		■ (NY ノロ	JV .K 1 1		

Title