

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(c&d))

3. Street Address Principal Bus	Quertz		City	State	Zip
51 Overlook Road		Narragansett	Ri	02882	
4. Business Phone No. (401) 783-0613  5. State of Incorporation Rhode Island  6. Brief Description of the Character of Business Conducted in Rhode Island					
To provide internet co	racter of Business Cor onsulting service	aducted in Rhode Island			
		FICERS: ("X" BOX FOR ATTA	ACHMENT)   FILL Vice President Name	IN SPACES BEFORE U	SING ATTACHMENTS
Street Address 51 Overlook Road			Street Address		
City Narragansett	State RI	<sup>Zip</sup> 02882	City	State	Zip
Secretary Name Myron R. Waldman Street Address			Treasurer Name Myron R. Waldman		
51 Overlook Road			Street Address 51 Overlook Road		
City Narragansett	State RI	7 <i>ip</i> <b>02882</b>	City Narragansett	State RI	<sup>Z<sub>1</sub>p</sup> <b>02882</b>
J. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)    Fil.     Director Name	L IN SPACES BEFORE	USING ATTACHMENTS
Street Address			Street Address		
Хity	State	Zip	City	State	Zip
Director Name	J	·	Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zıp
). SHARES AUTHORIZE	D: ("X" BOX FOR	ATTACHMENT)		 E <b>D:</b> ("X" BOX FOR ATT ITION <u>MUST</u> BE COMPLETED	ACHMENT)
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 Shares Common Stock of \$.01 Par Value		
Stron Greet		į			
is report must be executed is report must be executed is	ed on behalf of the	e corporation by an authorize corporation by the receive	d representative. If the r or trustee.	corporation is in the ha	ands of a receiver or trust
		-			
			Under nenalty of period	rty. I declare and affirm the	at I have examined this repor
			including any accomp	anying schedules and stat	ements, and that all statement
	FILED			7, 1/	1/20/20
File DateF	EB 23 2011	·····	Signature		Date
Check NoBv	mne	<del>_</del>	Myron R. Wald	<del>lman</del>	
By:	1035		Print or Type Name		
	F STATE USE ONLY		President		