

1. Corporate ID No. 506441

3. Street Address Principal Business Office

532 Kinsley Avenue #118

2. Name of Corporation

Wooly Productions, Inc.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02909

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

Providence

State

RI

4. Business Phone No. (508)-207-6896		5. State of Incorporation Rhode Island	1.		
· -	d coordination, any RESSES OF THE OFF	ducted in Rhode Island  ancillary purposes, and all ICERS: ("X" BOX FOR ATTA		SPÄCES BEFORE ÜSİN	G ATTACHMENTS.
Street Address 532 Kinsley Avenue, #118			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Samuel O. White			Treasurer Name Samuel O. White		
Street Address 532 Kinsley Avenue, #118			Street Address 532 Kinsley Avenue, #118		
City Providence	State R1	<sup>Zip</sup> <b>02909</b>	City Providence	State RI	Zip 02909
8. NAMES AND ADDR Director Name	RESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT)   FILL   Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORI	ZED: ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED	: ("X" BOX FOR ATTAC ON MUST BE COMPLETED	 CHMENT)
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  200 shares common stock of \$.01 par value		
			200 Shares Common s	stock of \$.01 pai value	
		ne corporation by an authorize		 orporation is in the hand	ls of a receiver or trustee,
File Date	FILED FEB 23 2011  MMC		including any accompa contained herein are true Signature  Samuel O. Whi	Olle L	have examined this report, ents, and that all statements
By:	1078		Print or Type Name  President		
FOR SECRETAR	RY OF STATE USE ONLY		Title		Form 630 Rev. 12/06