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State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

**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)) is subject to a penalty fee of $25.00.*

| 1. Corporate ID No. | 2. Name of Corporation | | |
|---|---|---|---|
| 551233 | Diamond Legends, Inc. | | |
| 3. Street Address Principal Business Office | City | State | Zip |
| 30 Tweed Street | Cranston | RI | 02920 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| 401-419-7928 | Rhode Island | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
to operate a hearing health center

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| President Name: Joseph A. Parenti, Jr. | Vice President Name: Joseph A. Parenti, Jr. |
| Street Address: 30 Tweed Street | Street Address: 30 Tweed Street |
| City: Cranston State: RI Zip: 02920 | City: Cranston State: RI Zip: 02920 |
| Secretary Name: Joseph A. Parenti, Jr. | Treasurer Name: Joseph A. Parenti, Jr. |
| Street Address: 30 Tweed Street | Street Address: 30 Tweed Street |
| City: Cranston State: RI Zip: 02920 | City: Cranston State: RI Zip: 02920 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| | |
|---|---|
| Director Name: Joseph A. Parenti, Jr. | Director Name: N/A |
| Street Address: 30 Tweed Street | Street Address: |
| City: Cranston State: RI Zip: 02920 | City: State: Zip: |
| Director Name: N/A | Director Name: N/A |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1,000 | no par value | |
| | | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | common | no par |
| | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

**FILED**
*File Date* _____
*Check No.* FEB 2 4 2011
*By:* BY 1010
FOR SECRETARY OF STATE USE ONLY
59589-22-600292

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Signature* _____ *Date* 1/31/11

Joseph Parenti Jr.
*Print or Type Name*

[redacted] President
*Title*

Form 630 Rev. 12/06