

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 subject to a penalty fee of \$25.00	7-1.2-1501(e), each cor _l 0.	poration failing or refusing to file its an	nual report within thirty (30) d	ays after the time prescribed by lat	w (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 41775	2. Name of Co GOLOMB	2. Name of Corporation GOLOMB, INC.				
3. Street Address Principal Business Office 603 WASHINGTON STREET			COVENTRY	State RI	<i>Zip</i> 02816	
4. Business Phone No. 821-3113 5. State of Incorporation RHODE ISLAND						
	SUSINESS OF SE	LLING AT WHOLESALE & R				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name						
PETER P. GOLOMB			Vice President Name DARLENE R. GOLOMB			
Street Address						
603 WASHINGTON STREET			Street Address 603 WASHINGTON STREET			
COVENTRY	RI RI	7ip 02816	COVENTRY	State RI	^{Zip} 02816	
Secretary Nume PETER P. GOLOMB			Treasurer Name DARLENE R. GOLOMB			
Street Address 603 WASHINGTON STREET			Street Address 603 WASHINGTON STREET			
COVENTRY	State RI	^{Zip} 02818	City COVENTRY	State RI	<i>zip</i> 02816	
8. NAMES AND ADDRES	SES OF THE DIR	ECTORS: ("X" BOX FOR ATT	FACHMENT) 🗍 FILL II	N SPACES BEFORE USING	G ATTACHMENTS	
PETER P. GOLOMB			Director Name DARLENE R. GOLOMB			
Street Address			Street Address			
603 WASHINGTON STREET			603 WASHINGTON STREET			
COVENTRY	State	Zip	City	State	Zip	
Director Name] RI	02816	COVENTRY	RI	02816	
Di ector Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	D '	' 	1	(<i>"X" BOX FOR ATTACH</i> CTION <u>MUST</u> BE COMPLETED	IMENT) [
This information is curre	ntly of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value	
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.			301	COMMON	NO PAR VALUE	
			. 11881			
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.						
			Under parelty of -	onium. I dauleee ee de 200 ee		

File Date	FILED
Check No.	FEB 2 4 2011
Ву:_ ВУ	2397
FOR	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules contained herein are true and correct.	affirm that I have examined this report, and statements, and that all statements
Signature	Date
PETER P. GOLOMB	
Print or Type Name	
PRESIDENT	
Title	