



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

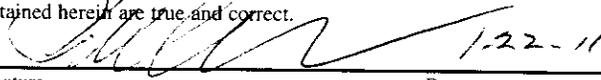
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 41775		2. Name of Corporation GOLOMB, INC.			
3. Street Address Principal Business Office 603 WASHINGTON STREET			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 821-3113		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AT WHOLESALE & RETAIL MERCHANDISE OF EVERY KIND & DESCRIPTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER P. GOLOMB			Vice President Name DARLENE R. GOLOMB		
Street Address 603 WASHINGTON STREET			Street Address 603 WASHINGTON STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name PETER P. GOLOMB			Treasurer Name DARLENE R. GOLOMB		
Street Address 603 WASHINGTON STREET			Street Address 603 WASHINGTON STREET		
City COVENTRY	State RI	Zip 02818	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER P. GOLOMB			Director Name DARLENE R. GOLOMB		
Street Address 603 WASHINGTON STREET			Street Address 603 WASHINGTON STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 301	Class/Series COMMON	Par Value NO PAR VALUE

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 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: 1-22-11
 PETER P. GOLOMB
 Print or Type Name
 PRESIDENT
 Title

FILED

File Date _____
 Check No. FEB 24 2011
 By: BY 2397
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