

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(e¢d)) is

subject to a penalty fee of \$25.00.	<u> </u>				
1. Corporate ID No. 33557	2. Name of Corporation CLF	DIENITY	Inc.		
3. Street Address Principal Business O. Rocky C	ssice rest Rd.		Comberland	State P.T.	Zip 02864.
4. Husiness Phone No. (40) - 333-92	-3 <i>3</i> .	5. State of Incorporation R			
6. Brief Description of the Character of	f Business Conducted in I	Rhode Island	acai como esta		
BUTING, MAINTA	19140 + 85	20120 01- ,	RSAC GS1416		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	_	ES BEFORE USING ATTA	ACHMENTS
Lorraine T. Dykos			Vice President Name Charles F. O'Brien.		
Street Address 17 Rockycrest Rd. City Cumb RT. 2ip 02664.			Street Address 9 Deer Ron Rd. City State Bellingham Ma. 02019. Treasurer Name		
Сиу	State	Zip	City	State	Zip
Cumb.	RZ.	02864.	Bellingham	Ma.	02019.
Secretary Name			Treasurer Name	- / -	**********************
Coleen D. D'Brien			Treasurer Name Coleen D. O'Brien.		
			Street Address		
9 Deer Ru	n Kd.		SAME		
Street Address 9 Deer Ru Gity Bellingham.	State Ma.	2ip 02019.	City	State	Zip
8. NAMES AND ADDRESSES			ACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
Director Name	_		Director Name	-1 -	
Loccaine T	· DyKos		Coleen D	, O'Brien	
Street Address 17 Rockycrest Rd. City Conbelland RT. 210 02664.			Street Address 9 Deer Run Rd. City Bellinghan State Ma. Zip 02019.		
City	State	Zip	City	State	Zip
Conbellent	RI.	02864	Bellingham	Mc.	02019.
Director Name	J	.J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	I	i	10. SHARES ISSUED (")	{" BOX FOR ATTACHME	ן (<i>ז'א</i> י) [□
2,000 COMMON, NO PAR.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] I ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			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			400.	Common.	NO PAR
instruction sheet.					
TO 1	1 1 10 0 . 1		4 2 .2		<u>.</u>
This report must be executed this report must be executed or				oration is in the hands of	a receiver or trustee,
this report must be executed t	on benan of the corp	oration by the receiver t	or trustee.		
F11	I ED		Under penalty of perju	ry, I declare and affirm that I	have examined this repo
<u>[]</u>	LED	7		mying schedules and stateme	ents, and that all statemen
MAD A	0.00		contained herein are tre		2///
File Date MAR 02 2011			_ Zun	C. Syon.	2/25/11.
- 1	nnn		Signature		Date
Check NoBy			LORRAIN	US T. DYK	<i>ج</i> د
By:0938			LO RRAIN Print or Type Name	· 0/~	
FOR SECRETARY OF STA	TE USE ONLY		PRESIDEN	4.	
		J	Title		Form 630 Rev. 08/08