

FOR SECRETARY OF STATE USE ONLY

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 20// 401.222.30 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.

1. Corporate ID No. 5695.	2. Name of Corporation	"Reolt, Z	·~ c		· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Busines	s Office Cest Rd	 -	City Cunbeland	State /CL	2ip 02864.
4. Business Phone No. (4D) - 3 3 3 6. Brief Description of the Character	0 2 2 3	5. State of Incorporation			
6 Bulof Descriptions of the Character	- 9233	R	Z . '		
BUTING MOFA	contast Se	ellies of K	cel assorte	- Stocki	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name					
Lorraine T. Dykas.			Vice President Name NO WE		
Street Address 17 Rockycrest Rd. City Combeland State RI 228 61			Street Address		
City Combeland	State RI	12p 02d 6/	City	State	Zip
Conneten, Name			Treasurer Name		
Lorrarge T. Dikas.			Treasurer Name Locraine T. Dykes.		
Street Address SA-MS			Street Address SAME		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSE	I S OF THE DIRECTO	RS: ("X" BOX FOR ATT	: TACHMENT) □ FILL IN S	 PACES BEFORE TISING /	 ATTACHMENTS
Director Name			Director Name		
Locraine T. Dykes.					
17 Rockycrest Rd.			Street Address		
City Comberland	State E.T.	2ip 02811	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Cin	La .	T
<i></i> ,	State	Σφ	City	State	Zip
9. SHARES AUTHORIZED 200 Common, No Par			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			1,200	Common	no par
This report must be execute	d on behalf of the co	poration by an authorize	d representative. If the corp	poration is in the hands of	a receiver or trustee.
this report must be executed	on behalf of the cor	poration by the receiver of	or trustee.		,
			Under penalty of perju	ury, I declare and affirm that	I have examined this report
FIL	ED	7	including any accompanying schedules and statements, and that all statement contained herein are true and correct.		
File Date			Lun	E. Jyu	2/25-/11.
MAR 0	2 2011	ļ	Signature		Date
Check No.	MR)		Locara	· T. ALL	(e)
By	-211		Print or Type Name	· 27^	

President"