

A. Ralph Mollis, Secretary of State Corporations Division Providence RI 02904-2615 401-222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF 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.					
41037 Repropuers Company					
3. Street Address Principal Business C	TAL SY	reet	East Providen	P State R.T.	^{zip} 0a915
4. Burness Phone No. 401-438-4	550	5. State of Incorporation	San		
6. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION					
I Prosident Memo ≠			HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
Street Address Chance Division			Strent Dex OV		
35 Shore Drive			195 Kiverside Drive		
Warren_ Secretary Name	IRI	02885	Kiverside.	State RI	^{Zip} 03915
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City [,]	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
or as the Philippine System and a second second	The state of the s	****	100	TOWMON (O	No Hor Value
This report must be executed	on behalf of the corp	oration by an authorized	representative. If the corpo	ration is in the hands of a	receiver or trustee
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.					
- ri en		1	including any accompa-	y, I declare and affirm that I nying schedules and stateme	have examined this report, nts, and that all statements
File Date					
Check No. MAR 0 2 2011 Signature Signature Date					
By: BY 4/93			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY Title					