

RI SOS Filing Number: 201056308520 Date: 01/14/2010 4:00 PM



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**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY.** **2011**

\* 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)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                 |                                                                     |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|--------------------------------|
| 1. Corporate ID No. <b>81246</b>                                                                                                                           |                 | 2. Name of Corporation <b>AST Dev. Corp</b>                         |                                |
| 3. Street Address Principal Business Office <b>P.O. Box 113451</b>                                                                                         |                 | City <b>NO. PROV</b>                                                | State <b>RI</b>                |
| 4. Business Phone No. <b>401-353-3334</b>                                                                                                                  |                 | 5. State of Incorporation <b>Rhode Island</b>                       |                                |
| 6. Brief Description of the Character of Business Conducted in Rhode Island                                                                                |                 |                                                                     |                                |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT                           |                 |                                                                     |                                |
| President Name <b>Andrew J. Matteo</b>                                                                                                                     |                 | Vice President Name <b>Andrew J. Matteo</b>                         |                                |
| Street Address <b>1 Matteo Drive</b>                                                                                                                       |                 | Street Address <b>11</b>                                            |                                |
| City <b>NO. PROV.</b>                                                                                                                                      | State <b>RI</b> | City                                                                | State                          |
| Zip <b>02904</b>                                                                                                                                           |                 | Zip                                                                 |                                |
| Secretary Name <b>Jerome Hess</b>                                                                                                                          |                 | Treasurer Name                                                      |                                |
| Street Address <b>12 Matteo Drive</b>                                                                                                                      |                 | Street Address                                                      |                                |
| City <b>NO. PROV</b>                                                                                                                                       | State <b>RI</b> | City                                                                | State                          |
| Zip <b>02904</b>                                                                                                                                           |                 | Zip                                                                 |                                |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT                          |                 |                                                                     |                                |
| Director Name                                                                                                                                              |                 | Director Name                                                       |                                |
| Street Address                                                                                                                                             |                 | Street Address                                                      |                                |
| City                                                                                                                                                       | State           | City                                                                | State                          |
| Zip                                                                                                                                                        |                 | Zip                                                                 |                                |
| Director Name                                                                                                                                              |                 | Director Name                                                       |                                |
| Street Address                                                                                                                                             |                 | Street Address                                                      |                                |
| City                                                                                                                                                       | State           | City                                                                | State                          |
| Zip                                                                                                                                                        |                 | Zip                                                                 |                                |
| 9. SHARES AUTHORIZED <b>600</b>                                                                                                                            |                 | 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 <b>100</b>                                         | Class/Series <b>A (Common)</b> |
|                                                                                                                                                            |                 |                                                                     | Par Value <b>-0</b>            |

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.

**FILED**

**MAR 08 2011**

File Date \_\_\_\_\_ By **139494**  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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 **Andrew J. Matteo** Date **3/8/11**  
Print or Type Name **Andrew J. Matteo**  
Title **President**