

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.					
1 Corporate ID No. 76D 68	2. Name of Corporation	"D FERIT	J Tall		
3 Street Address Principal Business	Office HowD 5	st /	PROU.	State I	02903
4. Business Phone No. 40] - 33] -	6761	5. State of Incorporation RhoD	E ISLAILT	<u> </u>	
6. Buef Description of the Character To own, build to 7. NAMES AND ADDRESSE	r of Business Conducted in 1800, DEUFLO	Rhode Island PEPAI	R OR SEll, RENT	LEASE ALO DEPL	ORENT +
7. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) [] FILL IN	SPACES BEFORE USING A	TACHMENTS
John of Dong			John J. Dorn		
58 DOIPHIX Rd.			Street Address SPME		
1 AMESTOWN	State L.	D2835	City	State	Zíp
Secretary Name John J. Dorr			John T. Dorn		
Street Address 59ME			Street Address GANG		
СИУ	State	Zip	СИу	State	Zip
8. NAMES AND ADDRESSES Director Name	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	: FACHMENT) ☐ FILL I. :Director Name	N SPACES BEFORE USING	I ATTACHMENTS
Street Address					
54 HE			Street Address		
Сйу	State	Zip	City	State	Zip
Director Name		•••••••••••••••••	Director Name		
Street Address			Street Address		
City	State	Zip	СИу	State	Zip
9. SHARES AUTHORIZED			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/Sories	Par Value
			100	C w P	,00
This report must be executed	d on behalf of the co	rporation by an authorize	d representative. If the	corporation is in the hands of	of a receiver or trustee.
this report must be executed					,
FIL	ED		including any acc	perjury, I declare and affirm that ompanying schedules and state	
File Date MAR 1 (2011		contained herein	are true and correct.	h/
Check No. By	nc		Signature	Total	Date
By:	82		Print or Type Nam	J. Done	_3/9/1/_
FOR SECRETARY OF ST	TATE USE ONLY			SIDENT	
			Title '		Form 630 Rev. 08/08