



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

1. Corporate ID No. 63819		2. Name of Corporation BLOOMING MAD INC			
3. Street Address Principal Business Office 1745 BROAD ST			City CRANSTON	State R.I.	Zip 02905
4. Business Phone No. 401 941 1146		5. State of Incorporation R.I.			
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 ATTACHMENTS					
President Name BRIDGET BUGBEE			Vice President Name CARL HJERPE		
Street Address 83 ALBERT AVE			Street Address 29 ARNOLD AVE		
City CRANSTON	State R.I.	Zip 02905	City CRANSTON	State R.I.	Zip 02905
Secretary Name SUSAN HJERPE			Treasurer Name KEVIN BUGBEE		
Street Address 29 ARNOLD AVE			Street Address 83 ALBERT AVE		
City CRANSTON	State R.I.	Zip 02905	City CRANSTON	State R.I.	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	
1000 COMMON NO PAR VALUE		BRIDGET BUGBEE 500	COMMON	NONE	
		CARL HJERPE 500	COMMON	NONE	

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

File Date MAR 22 2011

Check No. By [Signature]

By: 3059

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.

Carl Hjerpe 3/15/11
Signature Date

CARL HJERPE
Print or Type Name

V.P.
Title