

A. Ralph Mollis, Secretary of State Corporations Decision 148 W. River Street Procedence, Rt 0.2004-2015 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 fulling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-156).

| subject to a penalty fee of | \$25 OV. | | | may after the time presented by | - ыю !КЛ, G. L., 7-1, 2-1501 (съ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------|--------------------------------------------------|-------------------------------------------------------------|----------------------------------|
| 1. Contravolo (1) X. | | nporation Hogan, Ltd. | | | |
| i. Street statines Principal Interiors Office 344 Main Street, Suite 200 | | | сиу Wakefield | Nate R! | 74 02879 |
| 4. Bissness Phone Xo. 401-782-4488 7. State of Incorporate Rhode Island | | | | | |
| To provide legal se | Character of Business Condervices by licensed Rh | ode Island attorneys. | | | |
| 7. NAMES AND ADI | DRESSES OF THE OFI | TICERS: ("X" BOX FOR ATT | FACHMENT) FILL IN | SPACES REFORE USING | G ATTACHMENTS |
| Margaret L. Hogan | | | FICE PSYSIGENT Name | | |
| Street Address | | | Same | | |
| 344 Main Street, | Suite 200 | | Street Addies | | |
| Wakefield | State RI | 02879 | City | Mah! | Zip |
| Same | | | Trassurer Vame Same | | |
| Street Address | | | Street Address | | |
| Chr | State | Zqr | $\zeta n_{\rm F}$ | Stetle | Zq+ |
| Orrector Name None Street Address | RESSES OF THE DIR | ECTORS: ("X" BOX FOR AT | TACHMENT) FILL 1. Director Name Street Address | N SPACES BEFORE USI | NG ATTACHMENTS |
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| liu): | State | Zip | $\epsilon u_{\mathcal{V}}$ | Mare | Zq |
| Director Name | | | Director Name | | |
| Street Address | | | Mnet Address | | |
| v_0 | Stelle | Zip | € <i>li</i> (y | State | Zip |
| . SHARES AUTHOR | ized | | 10 SHADDE ISSUED | (TEXT POST FOR A TOTAL OF | |
| | | <u></u> | ISSUED SHARES THIS SE | <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED | IIMENT) [] |
| 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 |
| | | | 500 | Common | No Par Value |
| | | | | | |
| his report must be en | xecuted on behalf of th | e corporation by an authorize | d representative If the o | ornoration is in the bar. | La constant |
| is report must be ex | ecuted on behalf of the | corporation by the receiver | Or trustee | orporation is in the hand | s of a receiver or trustee |

ration by the receiver or trustee.

| | Under penalty of perjury, I declare and affirm that I have examined this report, |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|
| File Date | including any accompanying schedules and statements, and that all statements contained herein are true and correct. |
| Check No | Signature Detection Margaret L. Hogan |
| FOR SECRETARY OF STATE USES VALUE | Print or Type Name President |
| 57076-3-545217 | Title |

Form 630 Rev. 08/08