

A. Ralph Mollis, Secretary of State Corporations Division 1-i8 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.I. 7-1.2-1501(e), each corporation failing or refusing to file us annual report within thirty (30) days after the time prescribed by law (R.I.G.I. 7-1.2-1501(e&rd)) is

1. Corporate ID No. 14916		Y INCORPORATED			
3. Street Address Principal Business Office 21 CIRCUIT DRIVE, QUONSET POINT			NORTH KINGSTOWN	State RI	<i>Σίρ</i> 02852
1. Business Phone No. 401-295-7800 5. State of Incorporation RHODE ISLAND					
6 Brief Description of the Chare DEVELOPMENT, PROI	icler of Business Condi DUCTION, AND [ucted in Rhode Island DISTRIBUTION OF SALES P	ROMOTION ITEMS		
7. NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>CHMENT)</i> Z FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
Steven M. Kennedy			Vice President Name None		
Street Address 21 Circuit Drive, Quor	nset Point		Street Address		
பர் North Kingstown	State RI	7ip 02852	City	State	Z(p
Secretary Name Steven M. Kennedy			Treasurer Name Bonnie Brayton Kennedy		
Street Address 21 Circuit Drive, Quonset Point			Street Address 21 Circuit Drive, Quonset Point		
েছ North Kingstown	State RI	^{Zip} 02852	North Kingstown	State RI	Ζiμ 02852
	SES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) 🔲 FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS
Director Name Steven M. Kennedy			Director Name		
Street Address 21 Circuit Drive, Quonset Point			Street Address		
z i Circuit Drive, Quon	State	Zip	City	State	Zip
North Kingstown	RI	02852		J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	zip
Director Name			Director Name		
Nivet Address			Street Address		
.ttjv	State	Zip	СИт	State	Zip
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is aureantly of record in the Office of the Control of			Number of Shares	Class/Series	Par Value
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.			100	Common	No Par
This report must be execu- his report must be execu-	ited on behalf of t ted on behalf of th	he corporation by an authorize the corporation by the receiver	ed representative. If the corpor or trustee.	ation is in the hand	s of a receiver or truste
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FILF)		contained any accompan	ying schedules and sta and correct.	atements, and that all state
File Date			76.4	Mady	1/78/11
MAR 2 9	2011		Sepature		Date
Check No.	1010		Steven M. Kenn	edy *	
1010			Print or Type Name		
FOR SECRETARY OF	E STATE HER ONE V		President		
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					P 620 D 007

KENNEDY, INCORPORATED

Corporate ID: 14916 2011 Report Secretary of State

Continuation Sheet

OFFICERS:

Assistant Secretary: Steven M. McInnis 38 Bellevue Avenue Newport, RI 02840

Kennedy AR Addendum

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