



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(cc)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000131342		2. Name of Corporation SECOND HELPINGS, INC.	
3. Street Address Principal Business Office 32 GOODING AVENUE		City BRISTOL	State RHODE ISLAND
		Zip 02809	
4. Business Phone No. 401-396-9600		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF USED HOUSEHOLD ITEMS & FURNITURE.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARY T. TORMEY		Vice President Name MARY T. TORMEY	
Street Address 12 SUNNYSIDE AVENUE		Street Address 12 SUNNYSIDE AVENUE	
City BRISTOL	State RHODE ISLAND	Zip 02809	City BRISTOL
			State RHODE ISLAND
			Zip 02809
Secretary Name MARY T. TORMEY		Treasurer Name MARY T. TORMEY	
Street Address 12 SUNNYSIDE AVENUE		Street Address 12 SUNNYSIDE AVENUE	
City BRISTOL	State RHODE ISLAND	Zip 02809	City BRISTOL
			State RHODE ISLAND
			Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MARY T. TORMEY		Director Name	
Street Address 12 SUNNYSIDE AVENUE		Street Address	
City BRISTOL	State RHODE ISLAND	Zip 02809	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"/>	
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 - 0 -	Class/Series
			Par Value

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 CORPORATIONS DIV
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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 AUG 02 2011

Check No. 149575 10/12

By [Signature]

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 [Signature] Date 7/26/11

Print or Type Name MARY T. TORMEY

Title PRESIDENT