



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** 2010

**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&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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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, his report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No. AUG 02 2011  
 By: 0-149575 10/1  
 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 Mary T. Tormey Date 7/26/11  
 Print or Type Name MARY T. TORMEY  
 Title PRESIDENT