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 2008

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.	2. Name of Corporation		
000131342	SECOND HELPINGS, INC.		
3. Street Address Principal Business Office	City	State	Zip
32 GOODING AVENUE	BRISTOL	RHODE ISLAND	02809
4. Business Phone No.	5. State of Incorporation		
401-396-9600	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
MARY T. TORMEY			MARY T. TORMEY		
Street Address			Street Address		
12 SUNNYSIDE AVENUE			12 SUNNYSIDE AVENUE		
City	State	Zip	City	State	Zip
BRISTOL	RHODE ISLAND	02809	BRISTOL	RHODE ISLAND	02809
Secretary Name			Treasurer Name		
MARY T. TORMEY			MARY T. TORMEY		
Street Address			Street Address		
12 SUNNYSIDE AVENUE			12 SUNNYSIDE AVENUE		
City	State	Zip	City	State	Zip
BRISTOL	RHODE ISLAND	02809	BRISTOL	RHODE ISLAND	02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
MARY T. TORMEY					
Street Address			Street Address		
12 SUNNYSIDE AVENUE					
City	State	Zip	City	State	Zip
BRISTOL	RHODE ISLAND	02809			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
-0-		

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.

[redacted]

File Date _____

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66044-5-641992

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 _____ *Date* 7/26/11

MARY T. TORMEY
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08