



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 2005

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. |
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| | | | |
|--|-----------------|-----------------------|--------------|
| 3. Street Address Principal Business Office 32 GOODING AVENUE | City BRISTOL | State RHODE ISLAND | Zip 02809 |
|--|-----------------|-----------------------|--------------|

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| 4. Business Phone No. 401-396-9600 | 5. State of Incorporation RHODE ISLAND |
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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 MARY T. TORMEY | Vice President Name MARY T. TORMEY |
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|---------------------------------------|---------------------------------------|
| Street Address 12 SUNNYSIDE AVENUE | Street Address 12 SUNNYSIDE AVENUE |
|---------------------------------------|---------------------------------------|

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|-----------------|-----------------------|--------------|-----------------|-----------------------|--------------|
| City BRISTOL | State RHODE ISLAND | Zip 02809 | City BRISTOL | State RHODE ISLAND | Zip 02809 |
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|----------------------------------|----------------------------------|
| Secretary Name MARY T. TORMEY | Treasurer Name MARY T. TORMEY |
|----------------------------------|----------------------------------|

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|---------------------------------------|---------------------------------------|
| Street Address 12 SUNNYSIDE AVENUE | Street Address 12 SUNNYSIDE AVENUE |
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|-----------------|-----------------------|--------------|-----------------|-----------------------|--------------|
| City BRISTOL | State RHODE ISLAND | Zip 02809 | City BRISTOL | State RHODE ISLAND | Zip 02809 |
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 |
|----------------|----------------|

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|------|-------|-----|------|-------|-----|
| City | State | Zip | City | State | Zip |
|------|-------|-----|------|-------|-----|

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) <input type="checkbox"/> | | |
|--|---|--------------|-----------|
| | 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.

File Date AUG 02 2011
 Check No. _____
 By: 149575 10:10
 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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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