

FOR SECRETARY OF

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., 7-1,2-1 subject to a penalty fee of \$25,00, L. Corporate ID No.		<u> </u>	report without vietry (2011 days	ance we time preserved by the t	.K.I.G.L. 7-1.2-1701(cod)
64468		Management, Inc.			
3. Street Address Principal Business Office 4 Eddie Dowling Highway			City North Smithfield	State Rhode Island	<sup>Zip</sup> 02896
4. Business Phone No. 5. State of Incorporation 401-769-1166 Rhode Island					
Brief Description of the Character ocandy sales	of Business Conducted in	Rhode Island			
NAMES AND ADDRESSES esident Name	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) THILL IN SP Vice President Name	ACES BEFORE USING A	TTACHMENTS
Street Address 4 Eddie Dowling Highway			Street Address		
ity North Smitfield	State Rhode Island	<sup>Zip</sup> <b>02896</b>	City	State	Zip
Secretary Name Elissa A. Pearl			Treasurer Name Elissa A. Pearl		
Street Address 4 Eddie Dowling Highway			Street Address 4 Eddie Dowling Highway		
North Smitfield	State Rhode Island	<sup>Zip</sup> <b>02896</b>	North Smitfield	State Rhode Island	<sup>Zip</sup> 02896
NAMES AND ADDRESSES invector Name Elissa A. Pearl	OF THE DIRECTO	RS: ("X" BOX FOR ATT	ACHMENT) T FILL IN S	SPACES BEFORE USING	ATTACHMENTS
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//v North Smitfield	State Rhode Island	<i>Ζφ</i> <b>02896</b>	City	State	726 B
irector Name			Director Name		3 3,71
Street Address			Street Address		- DAT
iţγ	Male	Zip	City	State	Zip
SHARES AUTHORIZED	[	•	10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	I ( <i>"X" BOX FOR ATTACHM</i> TON <u>MUST</u> BE COMPLETED	MENT)
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.			Number of Shares	Class/Series	Par Value
			200	Common	no par value
This report must be executed on the report must be executed or	on behalf of the corp	poration by an authorize	ed representative. If the cor	rporation is in the hands of	of a receiver or trusto
File Date	//	:45 ]	including any accommodate contained herein are	gury, I declare and affirm that panying schedules and states true and correct. A Raca D	t I have examined this aments, and that all state $\frac{10}{30}$
Check NoOCT	26 <b>2011</b>		Signature Elissa A. Pea	rl	Date /
Bv: _ /		1/722	Print or Type Name		<del></del> .

President

Title