PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200 String 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(ebd.)) is subject to a penalty fee of \$25.00.

ject to a penalty fee of \$25.00.					
32101	2. Name of Corporat	IGLAND CARPE	ET CONSULTANTS	INC	
Contract Office A		City M MARGIELA	State AT	02917	
C Damed Incorporation			SITTIFICE		
Bushies Phone No. 451-1999 RI					
Grief Description of the Charme	cter of Husiness Conducted	in Hoode Island			
// A /A /		•			
NAMES AND ADDRESS	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENIS
scident Name			Vice President Name		
EDWARD SK	COURON		Street Address	<u> </u>	
EDWARD SKOVRON reel Address 21 BLACKBERRY KNOW WAY State State PORTON STATE STAT					
in /	State	Zip 03.00.0	City	State	Zip
JOHKSTON	RI	102717			
crelary Name	•		Treasurer Name		
			Street Address		
Street Address					
	State	Ζiρ	City	State	Zip
Tily	1	4			
3. NAMES AND ADDRE	SSES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) [] FILL IN S	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
			Street Address		
Street Address			· Milli Smill		
	State	Zip	- Cīŋ	State	Ζψ
City	Shitter				
Director Name	J		Director Name	***************************************	
Director some					<u></u>
Street Address			Street Address		
			· /=tu	State	Zip
City	State	Zφ	City		
]	ļ	: 10. SHARES ISSUED (("X" BOX FOR ATTACH	(MENT) 🗌
9. SHARES AUTHORIZED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Willie
This information is currently of record in the Office of the Secretary of			600	Common	11. Dag
State. Changes require an additional filing. See Section 9 of instruction sheet.			600	COMMEN	NOTE
manuchon ancer.	<i>y</i>				
This report must be ex	xecuted on behalf of t	he corporation by an autho	orized representative. If the co	orporation is in the hands	2 Of a lengther of traster
this report must be ex	ecuted on behalf of th	ne corporation by the receiv	ver or trustee.		
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					this I have a period this
			Under penalty of p	erjury, I declare and affirm to mpanying schedules and sta	atements, and that all state
			contained herein a	refure and correct.	1 1
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File Date			Signature	~~	Dase
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Check No	· · · · · · · · · · · · · · · · · ·		Print or Type Name		
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