

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.232.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201<sub>1</sub>

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. 7-1.2-150).

subject to a penulty fee of \$25.0	0.	ontion finished or rejusing to five its time	mut report termin thirty (30) ti	ays after the time prescribed by	ин (К.I.G.L. 7-1,2-1301(ссту) в	
) Corporate ID No. 52050	09 A BANKRI	2. Name of Corporation A BANKRUPTCY SOLUTION BY SIMONIAN LAW PC				
3. Mreet Address Principal Business Office 681 PARK AVENUE, SUITE 25			CRANSTON	State RI	<sup>Zip</sup> 02910	
941-4800 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Char. law office	acter of Business Condu	cted in Rhode Island	,			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JOHN S. SIMONIAN			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name			
Street Address 681 PARK AVENUE, SUITE 25			Street Address			
CRANSTON	State RI	Ζφ 02910	Сііу	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
Chp	State	Zip	СИу	State	<b>37</b> 0	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name JOHN S. SIMONIAN			PACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Sincel Address 681 PARK AVENUE, SUITE 25			Street Address		<del>2</del>	
াদ CRANSTON	State RI	<i>Ζψ</i> <b>0291</b> 0	City	State		
Director Name			Director Name		80 ATE	
Street Address			Street Address			
CμÚ.	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZE	D I	<b>I</b>	•	   <i>("X" BOX FOR ATTAC</i>   CTION <u>MUST</u> BE COMPLETED		
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	
			100	NONE	.01	
This report must be execu	uted on behalf of th	ne corporation by an authorize	d representative. If the o	corporation is in the hand	ds of a receiver or trustee	

this report must be executed on behalf of the corporation by the receiver or trustee.

	FIFD
	IILLD
File Dat Check N	NOV 28 2011
в <b>ы</b> ¥_	157372
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have examined this report.
including any accompanying schedules	
contained herein are tree and correct.	$\sim$ $\sim$ $\sim$
AMA AMI	Num Mor 282
Signature	Date
JOHN S. SIMONIN	
Print or Type Name	
PRESIDENT	
Title	