

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 2012

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 penalty fee of \$25.0	0.	on justing of rejusing to just its unit	idati report wanth intris (50) aa	ys after the time prescribed by law (R	.1.G.L. 7-1.2-1501(c&d)) is	
1. Corporate 1D No. 112 5 0 8	DBC					
3. Street Address Principal Bus 1 7	iness Office T Shaw R	D	Warunck	State 72 I	02889	
401-738-	6462	5. State of Incorporation				
6. Brief Description of the Char 120 97 4 4 U	T + P1224					
7. NAMES AND ADDRE President Name	SSES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN S	PACES BEFORE USING AT	TACHMENTS	
TND (BUGEN			Jack Doherty			
Street Address SU AUMA CT			Sireel Address 342 EAST AVE			
WAKE fred	State ET	07 8-79	PAWT	State ZT	2ip 02860	
Relicey & MALKS			Treasurer Name			
Street Address Ridle Bridy Rd			Street Address			
City WAKE Frey	State R.I	Zip 02879	City	State	Zip	
8. NAMES AND ADDRES	SSES OF THE DIRECT	ORS: ("X" BOX FOR ATT	: <i>"ACHMENT)</i> ∏ FILL IN	 SPACES BEFORE USING A	 TTACHMENTS	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 23	
Director Name			Director Name			
Street Address	ireel Address			Street Address 9		
City	State	Zip	City	State	Zip 🖫	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value			
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.				Class/Series	Par Value	
			600	COMMON	NONE	
This report which he						
this report must be exec	uted on behalf of the c	orporation by an authorize orporation by the receiver (d representative. If the co	orporation is in the hands of	a receiver or trustee,	
		orporation by the receiver	or trustee.			
			Under penalty of p	erjury, I declare and affirm that	have examined this repo	
			including any acco	mpanying schedules and statem	ents, and that all statemen	
	.CU		contained herein ar			
File Date		-				
Check No. NOV 2	9 2011	_	Signature Date			
0,5-	1609 3:50	9	Print or Type Name			
BW 37		<u> </u>	Trin or type Name			
FOR SECRETARY C	T STATE USE ONLY		Title			