



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 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. § 1-2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law shall be subject to a penalty fee of \$25.00.

1. Corporate ID No. 13340		2. Name of Corporation SCLLIQUIDATING CORPORATION	
3. Street Address (Principal Business Office) PO BOX 283 CURTIS CORNER RD WAKEFIELD		4. City RI	5. State of Incorporation RI
6. Business Phone No. 401-789-7315		7. Zip 02880	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
9. Vice President Name ROBERT BALLINGER		Street Address PO BOX 283	
City WAKEFIELD	State RI	Zip 02880	Treasurer Name
10. Secretary Name ROBERT A BALLINGER		Street Address PO BOX 283	
City WAKEFIELD	State RI	Zip 02880	Director Name
11. Director Name ROBERT A BALLINGER		Street Address PO BOX 283	
City WAKEFIELD	State RI	Zip 02880	Director Name
12. Director Name		Street Address	
City	State	Zip	Director Name
13. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
1,000 SHS NOPAR COM		Number of Shares 1000	Class Series COMMON
			Par Value NO PAR

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.

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: Robert A Ballinger Date: 1-11-12
Print or Type Name: ROBERT A BALLINGER
Title: PRES

FILED
Date: JAN 19 2012
Check No.: 1817
BY: _____
FOR SECRETARY OF STATE USE ONLY