RI SOS Filing Number: 201289147350 Date: 02/06/2012 4:00 PM

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. 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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
36666	DESAULNIERS BOOKKEEPING MGMT, INC.			
3. Street Address Principal Business Office: 215 GREAT ROAD		City: NORTH SMITHFIELD	State: RI	Zip: 02896
4. Business Phone No.: 401-766-1461	5. State of Incorporation: RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE ACCOUNTING, BOOKKEEPING AND MANAGEMENT SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: DIANE M. LITTLEFIELD			Vice President Name: LORRAINE R. DEASAULNIERS		
Street Address: 2970 MENDON ROAD #83			Street Address: 215 GREAT ROAD		
City: CUMBERLAND	State: RI	Zip: 02864	City: NORTH SMITHFIELD	State: RI	Zip: 02896
Secretary Name: JAMES W. LITTLEFIELD			Treasurer Name:		
Street Address: 2970 MENDON ROAD #83			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864	City:	State:	Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: DIANE M. LITTLEFIELD			Director Name:		
Street Address: 2970 MENDON ROAD #83			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	CNP	

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.

[redacted] [redacted]

FILED

File Date FEB 06 2012

Check No. 5816

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

72921-17-720886

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.

Diane M Littlefield 1-13-12

Signature *Date*

DIANE M. LITTLEFIELD 1/13/12

Print or Type Name

[redacted] PRESIDENT

Title

Form 630 Rev. 08/08