

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(cerd)) is subject to a nenalty fee of \$25.00

| subject to a penalty see of \$25.00. | | | | | |
|--|--|--|--|--------------------------------------|---|
| 1. Corporate ID No. 102180 | 2. Name of Corporation PPD Corp. | oration | | | |
| 3. Street Address Principal Business Office 65 Rolfe Street | | | City Cranston | State RI | Zip 02910 |
| 4. Business Phone No. 5. State of Incorporation 401-461-0800 Rhode Island | | | | | |
| 6. Brief Description of the Character To act as general partners | of Business Conducted in limited parnershi | Rhode Island OS formed for the purpos | ses of making investme | nte | |
| 7. NAMES AND ADDRESSE | S OF THE OFFICER | S: ("X" BOX FOR ATTA | CHMENT) FILL IN | SPACES BEFORE USIN | G ATTACHMENTS |
| President Name Paul R. Durfee | | | Vice President Name | | |
| Street Address | | | : Peter J. Durfee Street Address | | |
| 46 Deerfield Road | | | 45 Deerfield Road | | |
| North Scituate | State RI | ^{Zip} 02857 | City | State | Zip |
| Secretary Name | | | North Scitua | ate RI | |
| Peter J. Durfee | | | Paul R. Durfee | | |
| Street Address 45 Deerfield Road | | | Street Address 46 Deerfield Road | | |
| City | State | Zip | City | State | |
| North Scituate | RI | 02857 | North Scituate | ĺRI | ^{Zip} 02857 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name | | | TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City: | State | Zip |
| Director Name | .J | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | ; | 1 | | ("X" BOX FOR ATTA | CHMENT) [|
| This information is currently of record in the Office of the Secretary of | | | Number of Shares | CTION MUST BE COMPLETE Class/Series | D Par Value |
| State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 100 | Classification | Par vanie |
| | | | | | 178 \$ |
| Ti. | | | ' | | |
| This report must be executed this report must be executed | on behalf of the cor | poration by an authorize | d representative. If the c | orporation is in the han- | ds of a receiver or trustee, |
| and the second s | on ochan of the corp | oration by the receiver (| or trustee. | | |
| | | | | | |
| | | | Under penalty of p | eriury. I declare and affirm | that I have examined this report |
| FIF | Part Service Control | 7 | including any acco | mpanying schedules and s | tatements, and that all statemen |
| File Date | | | contained herein an | e tote and correct. | = //2/1 |
| FEB 0 6 | 2012 | | Signature | | Date // // // // // // // // // // // // // |
| Check No. | 0 2 6 | : | Paul R. Durf | ee - | Date |
| FOR SECRETARY OF STATE USE ONLY | | | Print or Type Name | | |
| | | | President | | |
| VI 017 | | | Title | | |
| | | | | | Form 630 Rev. 08/08 |