



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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140256		2. Name of Corporation CAROLINA SOUND, INC.			
3. Street Address Principal Business Office 7 BASS ROCK ROAD			City CAROLINA	State RI	Zip 02812
4. Business Phone No. 401-364-0692		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CUSTOM AUDIO, VIDEO					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER T. DELASANTA			Vice President Name KARA SABOURIN		
Street Address 7 BASS ROCK ROAD			Street Address 7 BASS ROCK RD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
Secretary Name PETER T. DELASANTA			Treasurer Name PETER T. DELASANTA		
Street Address 7 BASS ROCK ROAD			Street Address 7 BASS ROCK ROAD		
City CAROLINA	State RI	Zip 02812	City CAROLINA	State RI	Zip 02812
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PETER T. DELASANTA			Director Name		
Street Address 7 BASS ROCK ROAD			Street Address		
City CAROLINA	State RI	Zip 02812	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	COMMON	NO PAR VALUE

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.

**FILED**

File Date FEB 21 2012  
Check No. \_\_\_\_\_  
By: 2834  
FOR SECRETARY OF STATE USE ONLY

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.

Peter T. Delasanta 2/16/12  
Signature Date  
PETER T. DELASANTA  
Print or Type Name  
PRESIDENT  
Title