



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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)(4)), is subject to a penalty fee of \$25.00.

1. Corporation ID No. 129225		2. Name of Corporation NOMADESS, INC.			
3. Street Address Principal Business Office 4305 WHEELER AVENUE			City ALEXANDRIA	State VA	Zip 22304
4. Business Phone No. 703-751-8501		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE CORPORATION DOES NOT CONDUCT BUSINESS IN RHODE ISLAND					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN E. MCPHERSON, JR.			Vice President Name NONE		
Street Address 4305 WHEELER AVENUE			Street Address		
City ALEXANDRIA	State VA	Zip 22304	City	State	Zip
Secretary Name JOHN E. MCPHERSON, JR.			Treasurer Name JOHN E. MCPHERSON, JR.		
Street Address 4305 WHEELER AVENUE			Street Address 4305 WHEELER AVENUE		
City ALEXANDRIA	State VA	Zip 22304	City ALEXANDRIA	State VA	Zip 22304
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN E. MCPHERSON, JR. (SOLE DIRECTOR)			Director Name NONE		
Street Address 4305 WHEELER AVENUE			Street Address		
City ALEXANDRIA	State VA	Zip 22304	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 8,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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		
			Number of Shares 2,000	Class/Series COMMON	Par Value \$1.0000

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CORPORATIONS DIV
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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.

File Date _____
Check No. _____
By: _____
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.

Signature: JOHN E. MCPHERSON, JR. Date: 2/21/2012
Print or Type Name: JOHN E. MCPHERSON, JR.
Title: PRESIDENT

Form 6.01 Rev 06/08

FILED

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