RI SOS Filing Number: 201290323200 Date: 02/28/2012 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			
489176	OLC INC.			
3. Street Address Principal Business Office		City	State	Zip
413 ST. PAUL STREET		N. SMITHFIELD	R.I.	02896
4. Business Phone No.	5. State of Incorporation			
401-356-4995	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING OF SKIRTS FOR FISHING LURES

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2012 FEB 28 AM 11:48
SECRETARY OF STATE
CORPORATIONS DIV.

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

	President Name	Vice President Name
	WILLIAM DEGNAN III	WILLIAM DEGNAN III
Street Address	367 GREENVILLE ROAD	367 GREENVILLE ROAD
City / State / Zip	N. SMITHFIELD / R.I. / 02896	N. SMITHFIELD / R.I. / 02896
	Secretary Name	Treasurer Name
	WILLIAM DEGNAN III	WILLIAM DEGNAN III
Street Address	367 GREENVILLE ROAD	367 GREENVILLE ROAD
City / State / Zip	N. SMITHFIELD / R.I. / 02896	N. SMITHFIELD / RI / 02896

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

	Director Name	Director Name
	WILLIAM DEGNAN III	
Street Address	367 GREENVILLE ROAD	
City / State / Zip	N. SMITHFIELD / R.I. / 02896	
	Director Name	Director Name
Street Address		
City / State / Zip		

9. SHARES AUTHORIZED
100

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.

Number of Shares	Class/Series	Par Value
100	Com.	.01

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
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1140

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 _____ Date 2-26-12

BY [redacted] 164920 WILLIAM DEGNAN III
Print or Type Name

[redacted] PRES.
Title

File Date _____
Check No. _____
By: _____
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73792-2-721532

Form 630 Rev. 08/08