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

Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.L.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.L.G.L. 7-1,2-1501(c&d)) is

i. Corporate ii) ivo.	2. Name of	Corporation				
121658	The Sow	The Sowden Corporation				
3. Street Address Princip	oal Business Office		City			
25 South Main Street			City	State	Zip	
4. Business Phone No. 5. State of In			Woonsocket	RI	02895	
101-762-3637		i i				
6. Brief Description of th	e Character of Busin	Rhode I ness Conducted in Rhode Isla	sland	_		
	o onardotor or basin	iess conducted in Panade Isla	and			
rresident Name		OFFICERS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	ACES BEFORE USI	NG ATTACHMENTS	
ordon S. Robi Street Address	nson			Elaine P. Robinson		
			Street Address			
1A Shadow Brook Lane			1A Shadow Brook Lane			
City	State	Zip	City	State	70.	
mithfield	RI	02917	Smithfield	1	Zip	
Secretary Name		+	Treasurer Name	<u> </u>	02917	
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Street Address			Street Add			
			Street Address			
City	State	7in				
	State	Zip	City	State	Zip	
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NAMES AND ADDR	ESSES OF THE D	DIRECTORS: ("X" BOX FOR	RATTACHMENT) FILLIN SE	I PACES REEORE HE	I SING ATTACHMENTS	
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ordon S. Robinson						
Street Address			Elaine P. Robinson Street Address			
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26.			1A Shadow Brook Lane			
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mithfield	RI	02917	Smithfield	RI	02917	
irector Name			Director Name	L		
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treet Address	-		Street Address		-	
ity	State	Zip	City	State		
		i '	Say .	State	Zip	
SHARES AUTHORIZ	7500	COMMON STOCK	ISSUED SHARES - THIS SECTI	ON MUST BE COM	PLETED	
his information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value /	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000 Artha.	comm,	NO PM	
			15586 100			
report must be execute	ied on behalf of the o	 corporation by an authorize orporation by the receiver or 	zed representative. If the corporat	tion is in the hand	s of a receiver or trust	
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	11 Pm					
	ILED		Under penalty of perjury, I de including any accompanying contained nare true and de	moteta boe selubedos	I have examined this repents, and that all statements.	
e Date MAK	05 2012 Mm	 	Signature	ual 24 0 00	19-12 Date	
heck No.	110		Diane Durand Print or Type Name	John J	1000 /	
FOR SECRETARY OF	// STATE USE ONLY		Secretary Title		PRESILENT	
					Form 630 Day 20/00	