



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000034600</u>		2. Exact name of the Corporation <u>NORTH STAR RECORDS INC</u>					
3. Principal office address <u>27 PLEASANT ST.</u>		City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>			
4. Business Phone No. <u>401-339-2269</u>		5. State of Incorporation <u>RI</u>					
6. Brief description of the character of business conducted in Rhode Island <u>Production, Distribution, Marketing + Sale of Recorded Music</u>							
7. LIST ALL OFFICERS, DIRECTORS AND MANAGERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <u>RICHARD WATERMAN</u>		Vice President Name <u>SUSAN T. WATERMAN</u>					
Street Address <u>27 PLEASANT ST.</u>		Street Address <u>27 PLEASANT ST.</u>					
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>		
Secretary Name <u>SUSAN T. WATERMAN</u>		Treasurer Name <u>RICHARD WATERMAN</u>					
Street Address <u>27 PLEASANT ST.</u>		Street Address <u>27 PLEASANT ST.</u>					
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <u>RICHARD WATERMAN</u>		Director Name <u>SUSAN T. WATERMAN</u>					
Street Address <u>27 PLEASANT ST.</u>		Street Address <u>27 PLEASANT ST.</u>					
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					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.					NUMBER OF SHARES <u>2773</u>	CLASS/SERIES <u>CMP</u>	PAR VALUE <u>0</u>

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: _____

FILED

APR 02 2012

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.

Richard Waterman 3/29/12
Signature of Authorized Representative Date

Print or Type Name of Authorized Representative