

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 10/2

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. 2. Exact name of the Corporation Zip 2908 6. Brief description of the 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name Street Address ^{zip} ර 2908 City State Zip Treasurer Name Street Address Street Address City State Zip City State Zip 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE 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. 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. Under penalty of perjury, I declare and affirm that I have examined File Date this report, including any accompanying schedules and statements, and that all statements contained he ere true and correct. Check No 8,26,12 Date imure (AUG 2 8 2012 FOR SECRETARY OF STATE USE ONLY

Type Name of Authorized Representative

Form No. 630 Revised: 01/2012