

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 \$250.

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
1. Corporate ID No. [[6072	2. Name of Corporation The Ba		pany			
3. Street Address Principal Business 335 Chestnu	254. Swt	e 1400	Phila	State PA	19607	
4. Business Phone No. 215-446-03	64	5. State of Incorporation			THE STATE OF	
6. Brief Description of the Character	·				22 MACE	
7. NAMES AND ADDRESSES	of the officers		CHMENT) [FILL IN SPACE	ES BEFORE USING ATTA	ACHIENTS SA	
President Name WWW.am GX	Staffor)	Vice President Name Stee	Mas	9 BY	
833 Chestr	iut St.		233 Ches	thut St.	7 E	
"Phila	sia PA	^{zip} 19107	"Phila	State PA	型(940]7	
Secretary Name Jeffrey 4	5. French	·	Treasurer Name	P. Friedo	(A)	
833 Chestn	ut St. Si	ute 1400	Street Address Chust	-nut &.S	£1400	
Phla	State PA	^{Zip} 19107	Phila	State PA	^{zip} 1910.7	
8. NAMES AND ADDRESSES	OF THE DIRECTOR			CES BEFORE USING AT	TACHMENTS O	
Craia Spa	ngler		Director Name LEWS Me	uluk		
833 Clestn	wt A.		Street Address 333 Ch	estant &	4.	
Finla	18PA	^{Zip} (910)	Phila	State PA	19107	
Leith Mod	<u></u>	•	Director Name SWO	uson		
503 Chest	mut St.	•	Street Address 33 Che	Strut St	·	
Phila	SLAPA	19107	Phila	State A	Zip MIBI	
9. SHARES AUTHORIZED ("X" BOX FOR ATTA	CHMENT)	10. SHARES ISSUED ("X"		2 mad (2, 2);	
AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES — THIS SECTION	MUST BE COMPLETED Class/Series	Par Value	
Number of Shares	Cussyseries	rui vunue	Number of Shares 3710	Common	Par Value	
			44 a 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
This report must be executed this report must be executed				ration is in the hands of a		

		ncluding any accompanying schedules	ty of perjury, I declare and affirm that I have examined this report, by accompanying schedules and statements, and that all statements		
File Date FILED		contained herein are true and correct.	12-14-12-		
Check NoFEB 2 2 2013		Signature JEPFREY S. FRENCE	Date 44		
By: BY CM 19065 8 10!28		Print or Type Name Secretary			
FOR SECRETARY OF STATE USE ONLY		Title	Form 630 Rev. 12/06		

Dirctors:

Barry Finkelstein

833 Chestnut Street

Philadelphia, PA 19103