Business Corporation Annual Report Filing Period: January 1 - Ma	Division Of B 148 W. F Providence F (401) 2 n arch 1	nd Providence ecretary of Star Business Services River Street RI 02904-2615 222-3040		Fee: \$50.
Business Corporation Annual Report Filing Period: January 1 - Ma In accordance with R.I.G.L. annual report within thirty (3	148 W. F Providence F (401) 2 n arch 1	River Street RI 02904-2615		
Business Corporation Annual Report Filing Period: January 1 - Ma In accordance with R.I.G.L. Innual report within thirty (3	Providence F (401) 2 n arch 1	RI 02904-2615		
Business Corporation Innual Report iling Period: January 1 - Ma accordance with R.I.G.L. Innual report within thirty (3	(401) 2 n arch 1			
Business Corporation Annual Report Wiling Period: January 1 - Ma An accordance with R.I.G.L. Annual report within thirty (3	n arch 1			
Innual Report iling Period: January 1 - Ma accordance with R.I.G.L. nnual report within thirty (3	arch 1			
iling Period: January 1 - Manacon a accordance with R.I.G.L. nnual report within thirty (3				
nnual report within thirty (3	7-1.2-1501(e) each corporati			
nnual report within thirty (3		ion failing or refusin	g to file its	
C&Q)) IS SUDIECT to a Denalt	0) days after the time prescrib	bed by law (R.I.G.L.	7-1.2-1501	
	y lee of \$25.00.			
ANNUAL REPORT YEAR:	2013			
1. Corporate ID No.	000521720			
2. Name of Corporation	Sayde Trotter Corporation			
3. Street Address Princip	al Business Office:			
No. and Street: 1005	MAIN STREET #117			
City or Town: PAW	/TUCKET	State: <u>RI</u>	Zip: <u>02860</u> Cou	ntry: <u>US</u>
4. Business Phone No.				
4017291188				
5. State of Incorporation				
State: <u>RI</u>				
6. Brief Description of the	e Character of Business Co	nducted in Rhode	Island	
HAND CRAFTED ACC	ESSORIES			
7 Names and Addresses	of the Officers and Director	rs.		
All officers and directed	ors must be listed. If officer ger applicable: please dele		s have been elected	, the title
	3			
Incorporator is no lon				
	Individual Nam	e	Address	
Incorporator is no lon Title	First, Middle, Last, Su		Address City or Town, State, Zip Co	ode, Country
Incorporator is no lon		iffix Address,		#117
Incorporator is no lon Title	First, Middle, Last, Su	iffix Address,	City or Town, State, Zip Co	#117
Incorporator is no lon Title PRESIDENT	First, Middle, Last, Su	iffix Address,	City or Town, State, Zip Co	#117
Incorporator is no lon Title	First, Middle, Last, Su	iffix Address,	City or Town, State, Zip Co	#117

		Shares Number of Shares	Num of Shares
CWP	\$0.0100	74,000,000.00	0

9. 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.

**Signed this 27 Day of February, 2013 at 4:02:24 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By LISA MACKEY

Signature of Authorized Representative of the Corporation

PRESIDENT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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