



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 2009

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. 000132003		2. Exact name of the Corporation CORNER BREAK, INC.			
3. Principal office address 55 WORDELL LANE		City LITTLE COMPTON	State RI	Zip 02837	
4. Business Phone No. 401-225-2998		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALESPERSON					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name W. DARRELL DILLON			Vice-President Name		
Street Address 55 WORDELL LANE			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Secretary Name W. DARRELL DILLON			Treasurer Name W. DARRELL DILLON		
Street Address 55 WORDELL LANE			Street Address 55 WORDELL LANE		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <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	CLASS/SERIES	PAR VALUE
			500	COMMON	0.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 JAN 26 AM 10:30

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 26 2015
 By 241016
A.A. 10:32 A.M.

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.

W. Darrell Dillon 1/26/2015
 Signature of Authorized Representative Date

W. DARRELL DILLON

Print or Type Name of Authorized Representative