

File Date

Check No.

State of Rhode Island and Providence Plantations $Office\ of\ the\ Secretary\ of\ State$

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, Rt 02903-1335 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 5 State of Incorporation THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address Citr State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address CH_{Y} Cits State ZipStreet Address Street Address CHYZip CitvState Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class Series – Par Value 400 None NOW This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury. Vdeclare and affirm that Thave examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Print or Type Name of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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ORM MUST BE TYPED OR	PRINTED IN BLACK)					
Corporate ID No.	2. Name of Corpora	tion	Carra Tale			
122701	Down	To Earth	rence, Live	State	Zip	
Street Address Principal Busi	iness Office		Cranston	1 Ex	103420	
Gal Lauc	el Hill	Ave			6. SIC Code	
Business Phone No.		5. State of Incorporation	——————————————————————————————————————			
401)		I Khocu	L 1 Siana			
Brief Description of the Char	racter of Business Conducted	in Rhode Island				
Install	Repair	COMMY & CORS: ("X" BOX FOR A	(S ten (L	SPACES BEFORE USIN	G ATTACHMENTS	
. NAMES AND ADDRE	SSES OF THE OFFICE	RS: ("X" BOX FOR A	Vice President Name			
resident Name	~	N. alc	Sum-	<i>e</i> .		
Laucence	George	<u> </u>	Street Address		<u></u>	
treet Address		Ave.	Speciality Cas			
(021 Lau	rel HII	100	City	State	Zip	
	State	()2990				
<u>Uransion</u>		103739	Treasurer Name			
Secretary Name						
			Street Address			
Street Address						
		Zip	City	State	Zip	
City	State	2.0			ATTACIMENTS	
). NAMES AND ADDRI	COOK OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) [FILL	IN SPACES BEFORE US	ING ATTACHMENTS	
	ESSES OF THE DIREC	101101 (Director Name			
Direct or Nam e						
Summer Lebburger			Street Address	Street Address		
Street Address						
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City			*			
Director Name	J		Director Name		Ċ	
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·		1		("X" BOX FOR ATTA	CHMENT) \Box	
10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	(A BUATURATIA		
AUTHORIZED SHARES			ISSUED SHARES	Classicaries	Par Value	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series		
commercial desires		- /				
400		none				
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	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.
FILED	contained herein are mand the second
File Date	Signature of Officer Date
JAN 0 5 2005	pignature of opposit
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BVW=45280	Print or Type Name of Officer
By:	Preside 1
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