## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(cod)) is subject to a penalty fee of \$25.00

1 Corporate ID No						
3. Street Address Principal Business Office 1 City State 210						
7 Cummings	<u>"" Rd</u>		NPT	State	04850	
4 Business Phone No  5. State of Incorporation  12 T						
6 Brief Description of the Character of Business Conducted in Rhode Island						
7. NAMES AND ADDRESSES President Name		("X" BOX FOR ATTA	CHMENT)   FILL IN SPAC	ES BEFORE USING ATT. $1112 - 72$	ACHMENTS	
Hrthur 1A550			11000000			
7 Cumpines Rd			Sirvet Address			
COLUMN	State	2.00 D 2 RUN	City	State	Ζψ	
Secretary Name	1		Troop Gersame 2001			
Street Address			Stroot Address			
City	State	7.0		T		
Sin,y	अवार	Ζψ	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Ζφ	City	State	Ζψ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	(ommon	NOPAR	
	•					
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 this report,						
including any accompanying schedules and statements, and that all state contained hereigner true and correct.  File Date						
Check No MAR 14	TAKE	Date				
BY BY DE STORE OF STO	11		Print or Type Name			
FOR SECRETARY OF STATE USE ONE Title						