

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

Form 630 12/05

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 -	-				
* In accordance with R.I.G.L. 7-1.2-1501(e),  1. Corporate ID No.  87799	501(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 \$25.00.  2. Name of Corporation  TOWN HALL MOBIL, INC.				
3. Street Address Principal Business Office			T City	State	Zip
1396 HARTFORD AVENUE			JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorporation	halindrammend commendential accommendence of the control of the co	THE RESIDENCE OF THE PROPERTY	WO. WASHINGTON THE PROPERTY OF
4012722654 RHODE ISLAND					
6. Brief Description of the Charac	cter of Business Conducte	i d in Rhode Island		APPLY THE PACKAGE CONTRACTOR TO THE CONTRACTOR TO THE CONTRACTOR CONTRACTOR TO THE C	noncommissiones au <sup>3</sup> commissiones armana, es a such a ha va va va va va con es es a versiones armana.
7 NAMES AND ADDRESS President Name	es de the ofeice			ES BEFORE ESING A	PEACHMENTS - 1. 1111
RIAD DOULEH			Vice President Name GEORGETTE CHAHINE		
Street Address			* Street Address		
520 ANGELL ROAD			5 BRIDLE LANE		
City	State		city	State	Zip
LINCOLN	RI`	š -	LINCOLN	RI`	02865
Sečretary Name			Tréasurer Name		
IYAD CHAHINE			FREDA DOULEH		
Street Address			* Street Address		
5 BRIDLE LANE		· ·	520 ANGELL ROAD		
City	State	Zip	*City	State	Zip
LINCOLN	RI`	02865	LINCOLN	RI`	02865
8. NAMES AND ADDRESS Director Name	es of the direct	ORS ("X" BOX TORAT	EACHMENT)   FILL INSPA Director Name	ices before using	ATTACHMENTS A
NONE			d		
Street Address			« Sireet Address		
City	State	Zip	e *City *	State	Zip
Director Name		***************************************	Director Name	,	: 80 % 50 % % % % % % % % %
Street Address			*Street Address		
City	State	Zip	-City	State	Zip
9 SHARES AUTHORIZED AUTHORIZED SHARES	(X <sup>P</sup> BOX FOR ATTAC	Date of the second seco	10 SHARES ISSUED ("X" BI ISSUED SHARES	) X FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 \$1.00 PAR VALUE			400	COMMON	\$400.00
уушин көрсөрөөүнө үзүн кан көрчөөүнө шуучун кан кан жайтан жайтын жайтын бай	പ്രവ്യ - പ്രവാഗത്തെ വാന് പാ - നേന്ന് താണ് വാത്രത്തെ വാന് വാര് - വാ - വ	990° 8944-48-48-48-44-48-6800000000000000000000	A META DE L'INCIDENT DE L'ARCHE D	00000000000000000000000000000000000000	nencencente a constituente de
This report must be executed on behalf of the	corporation by an authorized rep	resentative. If the corporation is in to	he hands of a receiver or trustee, this repo	rt must be executed an behalf of	the carporation by the receiver or trusted
SEP 1.6 2008 *87799 DBC 01/23/06-01:56:50 PM*			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.		
67 799 DBC 01723/06 0 File Date	LOOJO FIN	108249	X Freda D	mah	9/1408
Charlin		000.1	Signature of Officer	. 151.	)ate
Check No.			FREDA 170		
By:			Print or Type Name of Off	icer	
	rott dagree		TREASURER	_	
FOR SECRETARY OF STATE U	JOE UNEI		Title of Officer		Form 630 12/0.