

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.30

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(c&d)) is subject to a penalty fee of \$25.00

| 62763 | Panacea, Inc. | | | | | |
|--|-------------------------------|---|---------------------------------|--|---------------------------|--|
| 3. Street Address Principal Business (42 Lockwood Street | Office | · · · · · · · · · · · · · · · · · · · | City Cranston | State Rhode Island | Zip 02905 | |
| 4. Business Phone No. (401) 465-9178 5. State of Incorporation, Rhode Island | | | | 102905 | | |
| 6. Brief Description of the Character of To own and operate a taver | of Business Conducted in N | Rhode Island | | | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS | S: ("X" BOX FOR ATT | ACHMENT) TELL I | N SPACES BEFORE USING A | TTACHMENTS | |
| Leah Reynolds | | | The Frestaem Name | | | |
| Street Address 42 Lockwood Street | | | Street Address | | | |
| ୍ଧାନ Cranston | State Rhode Island | ^{Zip} 02905 | City | State | Zip | |
| Secretary Name Leah Reynolds | | | Treasurer Name Leah Reynolds | | | |
| Street Address 42 Lockwood Street | | | Street Address | | | |
| City | | | 42 Lockwood Street | | | |
| Cranston | Rhode Island | 02905 | Cranston | State Rhode Island | ^{Ζίρ} 02905 | |
| 3. NAMES AND ADDRESSES (Oirector Name | JE THE DIRECTOR | S: ("X" BOX FOR AT | TACHMENT) FILL Director Name | IN SPACES BEFORE USING | | |
| Street Address | | | Street Address | | | |
| СИУ | State | Zip | City | | | |
| Microtin Mann | **************** | | | State | Zip | |
| Director Name Leah Reynolds | | | Director Name | | l | |
| trect Address 12 Lockwood Street | | | Street Address | | | |
| ~ | State Phodo tolond | Zip | City | State | Zip | |
| . SHARES AUTHORIZED | Rhode Island | 02905 | | | | |
| 8,000 Common | \$1.00 Par | | ISSUED SHARES . TENES | O ("X" BOX FOR ATTACHM. ECTION MUST BE COMPLETED | ENT) | |
| 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 | Ban Val | |
| | | | 100 | Common | \$1.00 | |
| | | | | | 1.50 | |
| his report must be executed or | hehalf of the | | | | | |
| his report must be executed or is report must be executed on | behalf of the corpo | oration by an authorized ration by the receiver o | I representative. If the a | corporation is in the hands of | a receiver or trustee | |
| | | The second of | i itasięc, | | | |
| | | | | | | |
| | | | Under penalty of 1 | perjury, I declare and affirm that I | have evaminad this | |
| 0 0 | 0.1 | | merating any acce | ompanying schedules and stateme | ents, and that all statem | |
| le Date | 3010 | | Contained herein a | are true and correct. | ulia | |
| | 22 | | Signature | <u>'</u> | Y JI () Dale | |
| 100 | . // | | | | | |
| 100 | 0 | | Leah Reyno | olds | | |
| heck No. 178 | nc | | Print or Type Name | | | |
| heck No | MC) USE ONLY | | | | | |