

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 201 401.222.30Filing 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(e&d)) is whice to a popular fee of \$25.00.

Street Address Principal Business Of	fice		City	State 2 -	Zip
349 HOPE S			providence	Since R1	02906
(-, -, -,	400	5. State of Incorporation			
Brief Description of the Character of	+ HOVI	sony sent			
	OF THE OFFICE	ERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACE : Vice President Name	ES BEFORE USING AT I	ACHMENIS
President Name RANDY KASI					
CANDY LAS			Street Address		<u></u>
330 NORM	SOB ANG	<u>c</u>	<u>.</u>		
	Stale	02905	City	State	Zip
RANDY ICASS			Treasurer Name CANDY CHSS		
330 NOT WOOD AVE			330 NORWOOD AVE		
330 non 00	DD MIC		530 Noice	1346	
PROVIDENCE	State	10 25 0 S	Providence	State	02905
PROVIDENCE	State	10 25 0 S	TACHMENT) FILL IN SPA	State	02905
PROVIDENCE	State	10 25 0 S	City COULDING TACHMENT) FILL IN SPA Director Name	State	02905
COVIDENCE NAMES AND ADDRESSES Director Name LANDY Check Address 320 NORW	OF THE DIRECT	Zip	TACHMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING A	TTACHMENTS
COVIDENCE NAMES AND ADDRESSES Director Name LANDY Check Address 320 NORW	OF THE DIRECT	Zip	City COULDING TACHMENT) FILL IN SPA Director Name	CES BEFORE USING A	TTACHMENTS
PROVIDENCE NAMES AND ADDRESSES Director Name RANDY Street Address 330 NORW	OF THE DIRECT	Zip 32905 TORS: ("X" BOX FOR AT	TACHMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING A	02905
PROVIDENCE I. NAMES AND ADDRESSES Director Name PANDY KA Street Address 330 NORW PROVIDENCE	OF THE DIRECT	Zip	City CROUBLAGE TACHMENT) FILL IN SPA Director Name Street Address Gity	CES BEFORE USING A	Trachments
City PROVIDENCE S. NAMES AND ADDRESSES Director Name PANDY KA Street Address 330 NORW City PROVIDENCE Director Name	OF THE DIRECT	Zip 82905 TORS: ("X" BOX FOR AT	City FREVIEL N TACHMENT) FILL IN SPA Director Name Street Address Director Name Street Address	CES BEFORE USING A	Trachments
City PROVIDENCE S. NAMES AND ADDRESSES Director Name PANDY KA Street Address 330 NORW City PROVIDENCE Director Name	OF THE DIRECT	Zip	City CROVELNO TACHMENT) FILL IN SPA Director Name Street Address Gily Director Name	CES BEFORE USING A	Trachments
PROVIDENCE INAMES AND ADDRESSES Director Name LANDY KA Street Address City PROVIDENCE Director Name Street Address City	OF THE DIRECT	Zip 82905 TORS: ("X" BOX FOR AT	City FREVIEL IN SPA Director Name Street Address City Director Name Street Address City City	CES BEFORE USING A	TTACHMENTS SECONDAL SAL SAL SAL SAL SAL SAL SAL
PROVIDENCE INAMES AND ADDRESSES Director Name LANDY KA Bircel Address 330 NORW City PROVIDENCE Director Name Street Address City 9. SHARES AUTHORIZED	OF THE DIRECT	Zip 82905 TORS: ("X" BOX FOR AT	City FREVIEL N TACHMENT) FILL IN SPA Director Name Street Address Director Name Street Address	State State State State	TTACHMENTS SECONDAL SAL SAL SAL SAL SAL SAL SAL
City PROVIDENCE I. NAMES AND ADDRESSES Director Name PANDY KA Street Address PROVIDENCE Director Name Street Address City P. SHARES AUTHORIZED P. O. O. O. O.	OF THE DIRECT	Zip 82905 TORS: ("X" BOX FOR AT	City TACHMENT) FILL IN SPA Director Name Street Address City Director Name Street Address City 10. SHARES ISSUED ("X"	State State State State	TTACHMENTS SECONDAL SAL SAL SAL SAL SAL SAL SAL
PROVIDENCE INAMES AND ADDRESSES Director Name LANDY KA Bircel Address 330 NORW City PROVIDENCE Director Name Street Address City 9. SHARES AUTHORIZED	of the direct	Zip O2905 TORS: ("X" BOX FOR AT Zip O2905 Zip Office of the Secretary of	City CROUBLAGE TACHMENT) FILL IN SPA Director Name Street Address City 10. SHARES ISSUED ("X" ISSUED SHARES THIS SECTION	State State State State BOX FOR ATTACHM. MUST BE COMPLETED	TTACHMENTS 23 PHO 29 0 5 TO 20

this report must be executed on behalf of the corporation by the receiver or trus

Ī	FILED
	DEC 23 2010
8	Cleck No. 133777
1	FOR SECRETARY OF STATE USE ONLY

	ire and affirm that I have examined this report,
including any accompanying sel- contained lerey, he true and co	nedules and statements, and that all statements
The the	12/23/10
Signeture	Date
ICANDY K	CASS
Print or Type Name	
PRESIDEN	<i>T</i>
Title	Form 630 Rev. 08/08