

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 208

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(e&d)) is

401.222.3040

| subject to a penalty fee of \$25.00. | :-1)01(e), Euch corporation | jaung or rejusing to jue us uni | uai report within thirty (50) a | ays after the time prescribed by a | w (K.I.C.L. /-1.2-1301(text)) is |
|--|------------------------------|---------------------------------|---|--|--|
| 1. Corporate ID No. 000009651 | 1 | ,,, M CRANSTON, R.I., I | C. | | |
| 3. Street Address Principal Business Office 933 MACARTHUR BLVD. | | | City MAHWAH | State NJ | ^{Zφ} 07430 |
| 4. Business Phone No. 5. State of Incorporation RI | | | | | |
| 6. Brief Description of the Characte. Shoes-Retail | r of Business Conducted in | ı Rhode Island | • | | |
| 7. NAMES AND ADDRESSE President Name JONATHAN COUCHMA | | S: ("X" BOX FOR ATTA | CHMENT) THLL IN Vice President Name | SPACES BEFORE USING | ATTACHMENTS |
| Street Address 933 MACARTHUR BLVD. | | | Street Address | | |
| City MAHWAH | State NJ | 7 <i>ip</i> 07430 | City | State | Zip |
| Secretary Name JONATHAN COUCHMAN | | | Treasurer Name | | |
| Street Address 933 MACARTHUR BLVD. | | | Street Address | | |
| City MAHWAH | State NJ | ^{Zip} 07430 | City | State | <i>Zip</i> |
| 8. NAMES AND ADDRESSE Director Name | S OF THE DIRECTO | RS: ("X" BOX FOR ATI | FACHMENT) TFILL II Director Name | N SPACES BEFORE USIN | G ATTACHMENTS |
| JONATHAN COUCHMAN | | | | | |
| Street Address 933 MACARTHUR BLVD. | | | Street Address | | in the second se |
| Cuy MAHWAH | State NJ | <i>Ζi</i> ρ 07430 | City | State | |
| Director Name | | | Director Name | | co j |
| Street Address | | | Street Address | | |
| City | State | Zip | СПу | State | 202 |
| 9. SHARES AUTHORIZED | • | • | • | ("X" BOX FOR ATTACE CONTROL CONTROL | HMENT) 🗌 |
| 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 | Par Value |
| | | | 100 | CNP | 0 |
| This report must be executed this report must be executed. | | | or trustee. Under penalty of including any acc | perjury, I declare and affirm | that I have examined this report atements, and that all statements |
| File Date JUN 1 Check No. | 0 2011 | | Signature | | Date |
| By: FOR SECRETARY OF STATE USE ONLY | | | Print or Type Name | | |
| Long Section 101 3 | | | Title | | Form 620 Pay 09/09 |