

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 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

subject to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	Retireme	nt Solutions	Too		
3. Street Address Principal Business Of	Tice DISY	FICTH PIYE	GIVI	State OA	Zip	-
4135 N. Fr	ont St		Harrisburg	P/+	1711	2
4. Husiness Phone No.	07 00	5. State of Incorporation	14.1			
6. Brief Description of the Character of	Business Conducted in Ph		1N			
						1
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) [FILL IN SPACES	S BEFORE USING ATTA	CHMENTS	l
President Name	(lanland)		Vice President Name	Glosor		
Street Address	locheau		Street Address	2 MATHER	1	
700 Druden	Rd.	<u>-</u>	4135 NWH	front St	reet	
"Dresher	State PA	^{zip} 19025	"Harrisburg	State PA	zip /7/10	Ò
Secretary Name	inkin		Treasurer Name Michael Fi	an		
Street Address 199 Myter S	reet 28t	h G.	Street Address 200 Druc	en Rd.		
New York	State N THE DIRECTORS	/003B ("X" BOX FOR ATT	City DYSher	State PA ES BEFORE USING AT	1902 TACHMENTS	
Director Name	or me bineoroni	. (Director Name	D		
Andrew +	HURSHIZ	er	300+ H	Idrnell		
Street Alidress 7551 Ram	Her Rd	1	·	enhower ;	Parkwa	iy_
Dallas	State TX	^{zip} 15a31	"Roseland	State VJ	0700	08
Director Name			Director Name			l
Street Address			Street Address			
City	State	Ζip	City	State	Zip S	
9. SHARES AUTHORIZED	l	1	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		(TN)	ا با جد
This information is successful	of record in the Offi-	re of the Secretary of	Number of Shares	Class/Series	Par Valle	
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.			ZERO		111:	2 2 2 2 3 1
					9	ATE
This report must be executed this report must be executed or	on behalf of the corpor behalf of the corpor	oration by an authorize	d representative. If the corpor or trustee.	ation is in the hands of	a receiver or	trustec,

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date	OCT 2 4 2011	contained herein are true and correct. Signature Oct 00 B. Follow C.
Ву:	OR SECRETARY OF STATE USE ONLY	Print or Type Name Title Form 630 Rev. 08/08