

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 2009

Filling 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.I. 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 within the content of the con subject to a penalty fee of \$25.00.

1. Corporate ID No. 486102	2. Name of Corporation Greg Arakelian Photography, Inc.				
3. Street Address Principal Business Office 60 South County Commons Way, G4			City Wakefield	State RI	7ip 02879
4. Business Phone No. 5. State of Incorporation A01-788-9080 Rhode Island					
6. Brief Description of the Character of PHOTOGRAPHY	of Business Conducted in R	bode Island		-	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Gregory E. Arakelian			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address 36 Dye Hill Road			Street Address		
City Hope Valley	State RI	<sup>Zip</sup> 02832	City	State	Zip
Secretary Name James V. Aukerman			Treasurer Name Gregory E. Arakelian		
Street Address 60 South County Commons Way, G4			Street Address 36 Dye Hill Road		
City Wakefield	State RI	<sup>Zip</sup> 02879	City Hope Valley	State RI	<sup>Zip</sup> 02832
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Gregory E. Arakelian			TACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 36 Dye Hill Road			Street Address		
<i>շւր</i> Hope Valley	State RI	<sup>Zip</sup> 02832	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Common	No Par
This report must be executed this report must be executed of	on behalf of the corpon behalf of the corpo	oration by an authorize	or trustee. Under penalty of p	erjury, I declare and affirm	s of a receiver or trustee, that I have examined this repor
File Date 3-23	209		contained herein a	true and correct.	
Check No.	$\frac{\gamma}{m}$		Gregory E. A		Date
FOR SECRETARY OF STA	TE USE ONLY		Print or Type Name President		
- SA SSCHEIMIT OF STA			Title		Form 630 Rev. 08/08