

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844818

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE ROBINSON GREEN BERETTA CORPORATION

Current Principal Place of Business:

50 HOLDEN ST.
PROVIDENCE, RI 02908

New Principal Place of Business:

Current Mailing Address:

50 HOLDEN ST.
PROVIDENCE, RI 02908

New Mailing Address:

FEI Number: 05-0340548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BERETTA, JOSEPH
Address: 50 GRANDVIEW AVE
City-St-Zip: LINCOLN, RI 02865

Title: VPDS () Delete
Name: DEQUATTRO, DAVID
Address: 5 CEDAR FORREST ROAD
City-St-Zip: NORTH SMITHFIELD, RI 02896

Title: VPD () Delete
Name: HATCHER, JEFFREY
Address: 6 JESSE DRIVE
City-St-Zip: PORTSMOUTH, RI 02871

Title: VPD (X) Delete
Name: CARLSON, JAMES R
Address: E. KILLINGLY ROAD RFD 1
City-St-Zip: FOSTER, RI

Title: VPD () Delete
Name: FERLAND, RUSSELL
Address: 126 SLATER PARK AVENUE
City-St-Zip: PAWTUCKET, RI 02861

Title: VP (X) Delete
Name: HUGHES, WILLIAM
Address: 64 ALLEN AVE
City-St-Zip: RIVERSIDE, RI 02915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. BERETTA

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date