

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000090412**



1. Entity Name  
**CHRISTINE INVESTMENT, INC.**

Principal Place of Business  
**C/O RICHARD MITTLEMAN  
56 EXCHANGE TERRACE  
PROVIDENCE, RI 02903**

Mailing Address  
**C/O RICHARD MITTLEMAN  
56 EXCHANGE TERRACE  
PROVIDENCE, RI 02903**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **58-2210955** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing - ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **REGNIER, LOUIS**  
STREET ADDRESS **C/O RICHARD MITTLEMAN**  
CITY-STATE-ZIP **PROVIDENCE, RI 02903**

TITLE **P/S**  
NAME **REGNIER, LOUIS**  
STREET ADDRESS **100 MIDWAY RD, STE 19**  
CITY-STATE-ZIP **CRANSTON, RI**

TITLE **V/T**  
NAME **MARCUS, CHRISTINE**  
STREET ADDRESS **100 MIDWAY RD, STE 19**  
CITY-STATE-ZIP **CRANSTON, RI**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Christine Marcus* **V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/08 401-331-3330**  
Date Daytime Phone #