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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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(c&d)) is subject to a penalty fee of $25.00.

1. Corporate ID No.	2. Name of Corporation
140249	HOMEPLACE REALTY, INC.

3. Street Address Principal Business Office	City	State	Zip
692 MIDDLESEX STREET, 2ND FLOOR	LOWELL	MA	01851

4. Business Phone No.	5. State of Incorporation
(978) 454-7700	MASSACHUSETTS

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE SERVICES, SALES AND RENTAL MANAGEMENT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
BORATH L. MEN	6 BIRCHWOOD DRIVE	WESTFORD	MA	01886

Vice President Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Secretary Name	Street Address	City	State	Zip
BORATH L. MEN	6 BIRCHWOOD DRIVE	WESTFORD	MA	01886

Treasurer Name	Street Address	City	State	Zip
BORATH L. MEN	6 BIRCHWOOD DRIVE	WESTFORD	MA	01886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
BORATH L. MEN	6 BIRCHWOOD DRIVE	WESTFORD	MA	01886

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

Director Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200,000	COMM	NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE	NONE	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

[redacted] 8/29/07
Signature *Date*

BORATH L. MEN
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	AUG 31 2007
By:	By 035746 11:42

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