



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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. 3657		2. Name of Corporation CAROL PEARL, INC.			
3. Street Address Principal Business Office 184 Woonasquatucket Avenue			City North Providence	State RI	Zip 02911
4. Business Phone No. 231-7039		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REALTY CORP.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony R. Spagnole			Vice President Name Ronald S. Spagnole		
Street Address 33 Dennell Drive			Street Address 3 Wingate Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Ronald S. Spagnole			Treasurer Name Anthony R. Spagnole		
Street Address 3 Wingate Road			Street Address 33 Dennell Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony R. Spagnole			Director Name Ronald S. Spagnole		
Street Address 33 Dennell Drive			Street Address 3 Wingate Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			100 COMM NO PAR VAL		

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.

File Date **FILED** 2:02
Check No. **SEP 11 2007**
By: **36485**
FOR SECRETARY OF STATE USE ONLY

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

Signature **Anthony R. Spagnole** Date **9/11/2007**
Print or Type Name
Anthony R. Spagnole
President
Title