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

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 2007

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			
000012589	North Atlantic Land Corporation			
3. Street Address Principal Business Office		City	State	Zip
519 MENDON ROAD, P.O. BOX 7179		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
(401) 333-0300	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN REAL ESTATE DEVELOPMENT

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

President Name			Vice President Name		
CONSTANTINE F. ALEXAKOS			NONE		
Street Address			Street Address		
34 EAST 75TH STREET, APT. 1					
City	State	Zip	City	State	Zip
NEW YORK	NY	10021			
Secretary Name			**Treasurer Name**		
CONSTANTINE F. ALEXAKOS			CONSTANTINE F. ALEXAKOS		
Street Address			Street Address		
34 EAST 75TH STREET, APT. 1			34 EAST 75TH STREET, APT. 1		
City	State	Zip	City	State	Zip
NEW YORK	NY	10021	NEW YORK	NY	10021

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

Director Name			Director Name		
CONSTANTINE F. ALEXAKOS					
Street Address			Street Address		
34 EAST 75TH STREET, APT. 1					
City	State	Zip	City	State	Zip
NEW YORK	NY	10021			
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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		$1.00	100	COMMON	$1.00

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] [redacted]

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.

Patricia A Alger 8/24/07
Signature *Date*

PATRICIA ALGER
Print or Type Name

[redacted] ASSISTANT SECRETARY
Title

File Date FILED

Check No. SEP 10 2007

By: By

FOR SECRETARY OF STATE USE ONLY

13162-16-177856

Form 630 Rev. 12/06

2007 SEP 10 PM 1:37

EXHIBIT A

NORTH ATLANTIC LAND CORPORATION
(Corp. ID# 000012589)

2007 Rhode Island Profit Corporation Annual Report

7. Names and Addresses of the Officers (cont.):

Office	Name	Street/City/State/Zip
Assistant Treasurer	Patricia Alger	519 Mendon Road, P.O. Box 7179 Cumberland, RI 02864
Assistant Secretary	Patricia Alger	519 Mendon Road, P.O. Box 7179 Cumberland, RI 02864

FILED
SEP 10 2007
By 12589