



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

Corporations Division  
148 W. River St.  
Providence, RI 02901-2615  
(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. <b>10533</b>		2. Name of Corporation <b>E &amp; R Realty, Inc.</b>			
3. Street Address Principal Business Office <b>1253 Chalkstone Ave.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>(401) 521-0055</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BUY, SELL AND INVEST IN REAL ESTATE</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>ROCCO VITALE</b>			Vice President Name <b>ELLEN TURCHETTA</b>		
Street Address <b>188 Sisson St.</b>			Street Address <b>530 Sharon St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>ROCCO VITALE</b>			Treasurer Name <b>ELLEN TURCHETTA</b>		
Street Address <b>188 Sisson St.</b>			Street Address <b>530 Sharon St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>ROCCO VITALE</b>			Director Name <b>ELLEN TURCHETTA</b>		
Street Address <b>188 Sisson St.</b>			Street Address <b>530 Sharon St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES -- THIS SECTION MUST BE COMPLETED	
<b>1,000 NO PAR VALUE</b>					

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 <b>FILED</b>	
Check No. <b>OCT 09 2007</b>	
By: <b>15936</b>	
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.

**ROCCO VITALE**  
Signature Date **10 5 07**  
Print or Type Name  
**President**  
Title