



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

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.



10533

File Date **FILED**

Check No. **OCT 09 2007**

By: **15936**

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 10 5 07
Signature Date

ROCCO VITALE
Print or Type Name

President
Title