



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 2008**

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.<br>9170                                                                                                                |              | 2. Name of Corporation<br>P.T.D. REALTY, INC. |                                                |              |              |
| 3. Street Address Principal Business Office<br>1258 Elmwood Avenue                                                                         |              |                                               | City<br>Providence                             | State<br>RI  | Zip<br>02907 |
| 4. Business Phone No.<br>(401) 785-1442                                                                                                    |              | 5. State of Incorporation<br>Rhode Island     |                                                |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Selling and buying of real estate                           |              |                                               |                                                |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |              |                                               |                                                |              |              |
| President Name<br>Pauline T. Dubuc                                                                                                         |              |                                               | Vice President Name<br>Denise Dubuc            |              |              |
| Street Address<br>650 East Greenwich Ave.                                                                                                  |              |                                               | Street Address<br>650 East Greenwich Ave.      |              |              |
| City<br>West Warwick                                                                                                                       | State<br>RI  | Zip<br>02893                                  | City<br>West Warwick                           | State<br>RI  | Zip<br>02893 |
| Secretary Name<br>Pauline T. Dubuc                                                                                                         |              |                                               | Treasurer Name<br>Pauline T. Dubuc             |              |              |
| Street Address<br>650 East Greenwich Ave.                                                                                                  |              |                                               | Street Address<br>650 East Greenwich Ave.      |              |              |
| City<br>West Warwick                                                                                                                       | State<br>RI  | Zip<br>02893                                  | City<br>West Warwick                           | State<br>RI  | Zip<br>02893 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS         |              |                                               |                                                |              |              |
| Director Name<br>None                                                                                                                      |              |                                               | Director Name<br>None                          |              |              |
| Street Address                                                                                                                             |              |                                               | Street Address                                 |              |              |
| City                                                                                                                                       | State        | Zip                                           | City                                           | State        | Zip          |
| Director Name<br>None                                                                                                                      |              |                                               | Director Name<br>None                          |              |              |
| 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    |
| 100                                                                                                                                        | No Par Value |                                               | 100                                            | Common       | No Par       |
|                                                                                                                                            |              |                                               | THIS SECTION MUST BE COMPLETED                 |              |              |

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**  
Check No. **JAN 09 2009**  
By **385**  
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 Pauline Dubuc Date 1/2/08  
Print or Type Name  
Pauline T. Dubuc  
President  
Title