



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. 57891		2. Name of Corporation HERITAGE DEVELOPMENT CORP			
3. Street Address Principal Business Office 1130 TEN ROD RD.			City N. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 884-7500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FREDERICK D. SCHICK			Vice President Name LYNN F. MORAN		
Street Address 262 BEACON DR			Street Address 129 WOODRIDGE DR.		
City No. KINGSTOWN	State RI	Zip 02852	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name PAULA M. SCHICK			Treasurer Name FREDERICK A. SCHICK		
Street Address 262 BEACON DR			Street Address 262 BEACON DR.		
City No. KINGSTOWN	State RI	Zip 02852	City No. KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FREDERICK A. SCHICK			Director Name LYNN F. MORAN		
Street Address 262 BEACON DR			Street Address 129 WOODRIDGE DR		
City No. KINGSTOWN	State RI	Zip 02852	City SAUNDERSTOWN	State RI	Zip 02874
Director Name PAULA M. SCHICK			Director Name		
Street Address 262 BEACON DR.			Street Address		
City No. KINGSTOWN	State RI	Zip 02852	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
2000	COMMON	NO PAR VALUE	100	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.

File Date **FILED**
Check No. **JAN 15 2008**
By: **By [Signature]**
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: **[Signature]** Date: **1/6/08**
Print or Type Name: **FREDERICK A. SCHICK**
Title: **PRESIDENT**