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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 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.	2. Name of Corporation			
11722	Gooding Realty Corporation			
3. Street Address Principal Business Office		City	State	Zip
16 Gooding Avenue		Bristol	RI	02809-0343
4. Business Phone No.	5. State of Incorporation			
401-253-3190	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
The leasing and management of commercial space as principal

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

President Name			Vice President Name		
Raymond S. DeLeo II			Raymond DeLeo		
Street Address			Street Address		
3 Captain Street			2 High Street		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name			Treasurer Name		
William J. Maisano II			Raymond S. DeLeo II		
Street Address			Street Address		
87 Beach Road			3 Captain Street		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809

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

Director Name			Director Name		
Raymond S. DeLeo II			Raymond DeLeo		
Street Address			Street Address		
3 Captain Street			2 High Street		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Director Name			Director Name		
William J. Maisano II			Gregory V. Sullivan		
Street Address			Street Address		
87 Beach Road			59 Water Street		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Hingham Harbor	MA	02043

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par Value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
400	Common	None

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]

FILED
File Date
Check No. JAN 18 2008
By: By 3702
FOR SECRETARY OF STATE USE ONLY

[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.

Signature 1/17/08
Date

Raymond S. DeLeo II
Print or Type Name

[redacted] President & Treasurer
Title

Form 630 Rev. 12/06

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