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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 000152545
2. Name of Corporation: Nancy Markham, Ltd.
3. Street Address Principal Business Office: 136 Transit Street, Unit A — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: (401) 353-6310
5. State of Incorporation: RI
6. SIC Code: 5520
7. Brief Description of the Character of Business Conducted in Rhode Island: Realestate agent

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

President Name: Nancy Markham
Street Address: 136 Transit Street, Unit A
City: Providence — State: RI — Zip: 02906

Vice President Name: Nancy Markham
Street Address: 136 Transit Street, Unit A
City: Providence — State: RI — Zip: 02906

Secretary Name: Nancy Markham
Street Address: 136 Transit Street, Unit A
City: Providence — State: RI — Zip: 02906

Treasurer Name: Nancy Markham
Street Address: 136 Transit Street, Unit A
City: Providence — State: RI — Zip: 02906

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

Director Name: Nancy Markham
Street Address: 136 Transit Street Unit A
City: Providence — State: RI — Zip: 02906

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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SECRETARY OF STATE
CORPORATIONS DIV

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
~~1,000~~ 100	Common	None .01

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	None .01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

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File Date: FEB 08 2008 1:30
Check No.: By
By: 049226
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.

Nancy Markham 10-14-07
Signature of Officer *Date*

Nancy Markham
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/02