

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2008

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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

. Corporate ID No. 128514	2. Name of Corp. Campanell	oration Properties of Richmo	ond, Inc.								
Street Address Principal Business Office		City Braintree	State MA	^{Zip} 02184							
One Campanelli Drive 4. Business Phone No. 5. State of Incorporation			tion		-						
781-843-8280 RHODE ISLA 6. Brief Description of the Character of Business Conducted in Rhode Island			ואט								
DUVING AND SELLI	NG RESIDENTIAL A	ND COMMERCIAL REA	AL ESTATE.	PACES BEFORE USING	ATTACHMENTS						
NAMES AND ADDR	ESSES OF THE OFFI	CERS: (A BOA POR 2	Vice President Name	Wileyan will have health in best him is not here.							
Ralph Campanelli Street Address One Campanelli Drive			Ralph Campanelli Street Address One Campanelli Drive City State Zip								
						City Braintree	State MA	^{ℤφ} 02184	Braintree	MA	02814
						Secretary Name Ralph Campanelli			Treasurer Name Ralph Campanelli		
Street Address			Street Address								
One Campanelli Drive			One Campanelli Drive								
City Projectors	State MA	^{Ζiφ} 02184	Giy Braintree	State MA	02184						
Braintree	ESSES OF THE DIRI	CTORS: ("X" BOX FO	R ATTACHMENT) [FILL IN	SPACES BEFORE USIN	G ATTACHMENTS						
Director Name		en ten errorre karren eta	Director Name								
Ralph Campanelli			None								
Street Address			Street Address								
One Campanelli D		7/4	City	State	Zip						
City	State	^{Zip} 02184	Cap								
Braintree Director Name	<u>JMA</u>		Director Name		*******************						
None			None								
Street Address			Street Address								
City	State	Zip	Сйу	State	Zip						
en alakan ngan die detent	<u></u>		10 chadre teerro	 ("X" BOX FOR ATTAC	HMENT)						
9. SHARES AUTHORI	ZED ("X" BOX FOR	AITACHMENT)		ECTION MUST BE COMPLETED							
AUTHORIZED SHARES Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value						
1500 No Par Value			200	Common	No Par						
1000 100 1 00 1000											
This report must be e	xecuted on behalf of	the corporation by an aut	thorized representative. If the	corporation is in the hand	ls of a receiver or truste						
this report must be ex	ecuted on behalf of the	he corporation by the rec	ceiver or trustee.								
			** · · · · · · · · · · · · · · · · · ·	Table 1 and a Commit	that I have examined this						
			Under penalty of including any acc	perjury, I declare and affirm companying schedules and st	tatements, and that all state						
				are true and corresp.							
	FILED		KILL (grandle	1-26-06						
File Date			Signature		Date						
Land Market	JAN 28 2008		•	nanalli							
CRECK NO.											
	16121		Ralph Camp Print or Type Nan								

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