



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. 20671		2. Name of Corporation RICINDA Realty, Inc.			
3. Street Address Principal Business Office 275 Paine Street			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-738-1388		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To purchase, manage and/or develop real estate.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard J. Cataldi			Vice President Name Cynthia L. Cataldi		
Street Address 275 Paine Street			Street Address 275 Paine Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Richard J. Cataldi			Treasurer Name Cynthia L. Cataldi		
Street Address 275 Paine Street			Street Address 275 Paine Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard J. Cataldi			Director Name Cynthia L. Cataldi		
Street Address 275 Paine Street			Street Address 275 Paine Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (<input checked="" type="checkbox"/> 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
1,000 NO PAR VALUE			200	common	NO PAR VALUE
			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.

FILED

FEB 11 2008

By *[Signature]*
49468

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] 2-6-08
Signature Date

Richard J. Cataldi
Print or Type Name

President & Secretary
Title

File Date _____
Check No. _____
By: _____
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