



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. 21218		2. Name of Corporation Post Road Plaza LTD			
3. Street Address Principal Business Office 571 Glen Hill Drive			City Saunderstown	State RI	Zip 02874
4. Business Phone No. 401 884-7500		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate					
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 Paul F. Schick		
Street Address 262 Beacon Drive			Street Address 509 Shannon Road		
City North Kingstown	State RI	Zip 02852	City Orlando	State FL	Zip 32806
Secretary Name Paula M. Schick			Treasurer Name Amy L. Schick		
Street Address 262 Beacon Drive			Street Address 262 Beacon Drive		
City North Kingstown	State RI	Zip 02852	City North 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 Paul F. Schick			Director Name Allison M. Schick		
Street Address 509 Shannon Road			Street Address 262 Beacon Drive		
City Orlando	State FL	Zip 32806	City North Kingstown	State RI	Zip 02852
Director Name Amy L. Schick			Director Name		
Street Address 262 Beacon Drive			Street Address		
City North 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
4,000	COMM NO PAR VALUE		4,000	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**  
File Date  
JAN 28 2008  
Check No.  
By: DS - 1207  
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:   
Date: Jan 16, 2008  
Print or Type Name: Frederick D. Schick  
Title: President