



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State  
 Matthew A. Brown, Secretary of State

Corporations Division  
 100 North Main Street  
 Providence, RI 02903-1335  
 401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 4295		2. Name of Corporation CLAVERICK REALTY COMPANY			
3. Street Address Principal Business Office 999 Chalkstone Ave			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 351 5700		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Moretti			Vice President Name		
Street Address 157 Clifford St.			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Robert Moretti			Treasurer Name Robert Moretti		
Street Address 157 Clifford St.			Street Address 157 Clifford St.		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Moretti			Director Name		
Street Address 157 Clifford St.			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMM NO PAR VALUE		440	Common	No Par Value

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

**FILED**  
**JAN 28 2008**  
 By DS  
1234

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.

Robert J. Moretti 1/16/08  
 Signature of Officer Date  
Robert J. Moretti  
 Print or Type Name of Officer  
President  
 Title of Officer

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
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