RI SOS Filing Number: 200807143120 Date: 02/29/2008 4:00 PM

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.	2. Name of Corporation			
44279	BOSTON BUSINESS CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
60 GRAHAM WAY		EAST GREENWICH	RI	02818
4. Business Phone No.	5. State of Incorporation			
4018869309	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE ACQUISTION AND DEVELOPMENT

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

President Name			Vice President Name		
THOMAS GRAUL					
Street Address			Street Address		
60 GRAHAM WAY					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
Secretary Name			Treasurer Name		
THOMAS GRAUL			THOMAS GRAUL		
Street Address			Street Address		
60 GRAHAM WAY			60 GRAHAM WAY		
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818	EAST GREENWICH	RI	02818

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

Director Name			Director Name		
THOMAS GRAUL					
Street Address			Street Address		
60 GRAHAM WAY					
City	State	Zip	City	State	Zip
EAST GREENWICH	RI	02818			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
NONE		
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.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all stateme
contained herein are true and correct.

Signature _____ Date 1/24/08

Thomas Graul
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. JAN 29 2008
By 1461
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