



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. 156351		2. Name of Corporation GARDEN CITY REALTY, INC.				
3. Street Address Principal Business Office 870 Oaklawn Avenue			City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-275-2050		5. State of Incorporation Rhode Island			6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island Operate a real estate agency						
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Bruce D. Lane			Vice President Name David J. Miller			
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
Secretary Name Bruce D. Lane			Treasurer Name David J. Miller			
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name n/a			Director Name			
Street Address			Street Address			
City	State	Zip	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"/> IF 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	
-1000-	no par value	common	no par value	-1000-	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
File Date
FEB 1 2008
By: [Signature]
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 of Officer: [Signature]
Date: 1/29/08
Bruce D. Lane
Print or Type Name of Officer
President
Title of Officer