



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.<br>7619  |                        | 2. Name of Corporation<br>T.J.P. REALTY CORP |  |                        |                     |
| 3. Street Address Principal Business Office<br>107 HAY STREET  |                        |  | City<br>WEST WARWICK                           | State<br>RI            | Zip<br>02893        |
| 4. Business Phone No.<br>401-821-0800  |                        | 5. State of Incorporation<br>RHODE ISLAND    |  |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ACQUIRE BY PURCHASE OR LEASE AND HOLD, IMPROVE, DEVELOP & MANAGE REAL ESTATE |                        |  |  |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                              |                        |  |  |                        |                     |
| President Name<br>GLEN S PETIT   |                        |  | Vice President Name<br>BRIAN L PETIT           |                        |                     |
| Street Address<br>85 CINDY ANN DRIVE   |                        |  | Street Address<br>412 SEASIDE DR               |                        |                     |
| City<br>EAST GREENWICH   | State<br>RI            | Zip<br>02818                                 | City<br>JAMESTOWN                              | State<br>RI            | Zip<br>02835        |
| Secretary Name<br>BRIAN L PETIT  |                        |  | Treasurer Name<br>BRIAN L PETIT                |                        |                     |
| Street Address<br>412 SEASIDE DR   |                        |  | Street Address<br>412 SEASIDE DR               |                        |                     |
| City<br>JAMESTOWN  | State<br>RI            | Zip<br>02835                                 | City<br>JAMESTOWN                              | State<br>RI            | Zip<br>02835        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                             |                        |  |  |                        |                     |
| Director Name<br>GLEN S PETIT  |                        |  | Director Name<br>BRIAN L PETIT                 |                        |                     |
| Street Address<br>85 CINDY ANN DR  |                        |  | Street Address<br>412 SEASIDE DR               |                        |                     |
| City<br>EAST GREENWICH   | State<br>RI            | Zip<br>02818                                 | City<br>JAMESTOWN                              | State<br>RI            | Zip<br>02835        |
| Director Name  |                        |  | Director Name                                  |                        |                     |
| Street Address   |                        |  | Street Address                                 |                        |                     |
| City   | State                  | Zip  | 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<br>(FIVE HUNDRED)<br>500  | Class/Series<br>COMMON | Par Value<br>NO PAR                          | Number of Shares<br>(FIVE HUNDRED)<br>500      | Class/Series<br>COMMON | Par Value<br>NO PAR |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | FEB 01 2009 |
| Check No.                       |             |
| By                              | 1953        |
| 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: Brian L Petit Date: \_\_\_\_\_  
Print or Type Name: BRIAN L PETIT  
Title: VICE PRESIDENT