



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. 17263		2. Name of Corporation LAKE REALTY, INC	
3. Street Address Principal Business Office 411 NATE WHIPPLE HWY		City CUMBERLAND	State RI
		Zip 02864	
4. Business Phone No. 401-333-9612		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE, RENTAL PROPERTY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBERT J. WILKEN		Vice President Name NONE	
Street Address 411 NATE WHIPPLE HWY		Street Address	
City CUMBERLAND	State RI	City	State
	Zip 02864		Zip
Secretary Name ROBERT J. WILKEN		Treasurer Name ROBERT J. WILKEN	
Street Address 411 NATE WHIPPLE HWY		Street Address 411 NATE WHIPPLE HWY	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
	Zip 02864		Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ROBERT J. WILKEN		Director Name NONE	
Street Address 411 NATE WHIPPLE HWY		Street Address	
City CUMBERLAND	State RI	City	State
	Zip 02864		Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		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	
100	COMMOUN	NO PAR VALUE	
Number of Shares	Class/Series	Par Value	
2	COMMOUN	NONE	

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.

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: Robert J. Wilken Date: 2/1/08  
Print or Type Name: ROBERT J. WILKEN  
Title: PRESIDENT

File Date: **FILED**  
Check No.: FEB 04 2008  
By: 6637 MNC  
FOR SECRETARY OF STATE USE ONLY