



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 02904-261
401.222.304

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. 101552		2. Name of Corporation MAIORANO REALTY INC.		
3. Street Address Principal Business Office 22 ELM STREET		City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-4630		5. State of Incorporation RHODE ISLAND		

5. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE A MEMBERSHIP INTEREST IN THE ELMS OF WESTERLY LLC

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

President Name GUY MAIORANO			Vice President Name N/A		
Street Address 12 QUARRY ROAD			Street Address		
City MYSTIC	State CT	Zip 06355	City	State	Zip

Secretary Name LESLIE TAYLOR			Treasurer Name GUY MAIORANO		
Street Address 58 TOM WHEELER ROAD			Street Address 12 QUARRY ROAD		
City N. STONINGTON	State CT	Zip 06359	City MYSTIC	State CT	Zip 06355

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

Director Name GUY MAIORANO			Director Name		
Street Address 12 QUARRY ROAD			Street Address		
City MYSTIC	State CT	Zip 06355	City	State	Zip

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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	NO PAR VALUE		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: Leslie Taylor Date: 2/6/08
Print or Type Name: Leslie Taylor
Title: Secretary

File Date: **FILED**
Check No: FEB 08 2008
By: DS-1087
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