



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			
6. 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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 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.

FILED
FEB 08 2008
DS-1087
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.

Leslie Taylor 2/6/08
Signature Date
Leslie Taylor
Print or Type Name
Secretary
Title