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.	2. Name of Corporation			
111841	SANFORD REALTY CO.			
3. Street Address Principal Business Office		City	State	Zip
84 CYNTHIA AVENUE		TIVERTON	RHODE ISLAND	02878
4. Business Phone No.	5. State of Incorporation			
	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				
INVESTMENT IN REAL ESTATE AND THE LEASING AND RENTING OF SAME				

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

President Name	Street Address	City	State	Zip
BRYAN N. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Vice President Name	Street Address	City	State	Zip
DIANE L. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Secretary Name	Street Address	City	State	Zip
DIANE L. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

Treasurer Name	Street Address	City	State	Zip
BRYAN N. SANFORD	84 CYNTHIA AVENUE	TIVERTON	RI	02878

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*
100	COMMON	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.

[redacted]

[redacted]

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.

Bryan N. Sanford 2-7-08
Signature *Date*

BRYAN N. SANFORD
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 11 2008
By: By 5670 mmc
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Form 630 Rev. 12/06