



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. 100787		2. Name of Corporation Saylesville Properties, Inc.		
3. Street Address Principal Business Office P.O. Box 514			City Pawtucket	State RI
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To acquire, Hold, Sell, Develop, Lease, Maintain, Operate and Otherwise Deal With Real Estate.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name B. Richard Quinlan		Vice President Name Maureen Quinlan		
Street Address P.O. Box 514		Street Address P.O. Box 514		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI
Secretary Name Maureen Quinlan		Treasurer Name B. Richard Quinlan		
Street Address P.O. Box 514		Street Address P.O. Box 514		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name B. Richard Quinlan		Director Name Maureen Quinlan		
Street Address P.O. Box 514		Street Address P.O. Box 514		
City Pawtucket	State RI	Zip 02862	City Pawtucket	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
500 Comm No Par Val			100	Common
				No Par Val

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.

B. Richard Quinlan 2/12/08
Signature Date

B. Richard Quinlan

Print or Type Name

President

Title

FILED	
File Date	FEB 12 2008
Check No.	
By:	DS-5448
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