

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(e)d) is subject to a benealty fee of \$25.00.

law (R.I.G.L. 7-1.2-1501(c&d))	is subject to a penalty fe	e of \$25.00.					
1. Corporate ID No. 108385	2. Name of Corporation 73 CONSTITUTION STREET REALTY, INC.						
3. Street Address Principal Business Office 35 SUNSET VIEW DRIVE			City TIVERTON	State RI	^{Zip} 02878		
4. Business Phone No. 437-1100		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character REAL ESTATE HOLDING	AND MANAGING			······································	10440444 TARRETTE 100 (1000)		
7. NAMES AND ADDRESSE:	S OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
JEAN P. COX			BRUCE H. COX				
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE				
City: TIVERTON	State RI	<i>Ζί</i> ρ 02878	City TIVERTON	State RI	^{Zip} 02878		
Secretary Name BRUCE H. COX			Treasurer Name JEAN P. COX				
Street Address 35 SUNSET VIEW DRIVE			Street Address 35 SUNSET VIEW DRIVE				
City TIVERTON	State RI	zφ 02878	City TIVERTON	State R1	^{Ζφ} 02878		
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPAC	ES BEFORE USING AT	TACHMENTS		
с «прожить личнововной при 22 провить в при стране в при при при стране в при стране в при стране в при стране Director Name			Director Name				
JEAN P. COX			BRUCE H. COX				
Street Address			Street Address				
35 SUNSET VIEW DRIVE			35 SUNSET VIEW DRIVE				
City	State	Zip	City	State	Ζip		
TIVERTON	RI	02878	: TIVERTON	<u> </u> RI	02878		
Director Name			Director Name				
NONE			NONE				
Street Address			Street Address				
Gity".	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10: SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
400 - COMMON NO PAR VALUE		200	COMMON	NO PAR VALUE			
					(Vi.a.		
	1 1 10 . 6 41	anation by an authorize	d representative. If the corpor	ation is in the hands of	a receiver or trustee.		

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.

File Date: Series 122 122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Check No. CED 10 2000	
FOR SECRETARY OF STATE USE ONLY	
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Under penalty of perjury, I d	leclare and affirm sched ales and	m that I have examined this repo- statements, and that all statemer	rt, its
contained herein are true at	d correct.	2/14/04	_
Signature)	$\frac{1}{\sqrt{3}}$	Date	
JEAN P. COX			
Print or Type Name			
PRESIDENT			

Form 630 Rev. 12/06