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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			
12524	PARKWAY REALTY, INC.			
3. Street Address Principal Business Office		City	State	Zip
TEN NEW ENGLAND WAY		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			
401-738-7900	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE

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

President Name			Vice President Name		
NICHOLAS PICCHIONE II			ANN O PICCHIONE		
Street Address			Street Address		
244 KINGSTOWN ROAD			546 ANGELL STREET, #4		
City	State	Zip	City	State	Zip
NARRAGANSETT	RI	02882	PROVIDENCE	RI	02906
Secretary Name			Treasurer Name		
NICHOLAS PICCHIONE II			NICHOLAS PICCHIONE II		
Street Address			Street Address		
244 KINGSTOWN ROAD			244 KINGSTOWN ROAD		
City	State	Zip	City	State	Zip
NARRAGANSETT	RI	02882	NARRAGANSETT	RI	02882

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

~~Director Name~~ EXECUTIVE VICE PRESIDENT			Director Name		
MICHAEL A HALPERSON					
Street Address			Street Address		
78 CANNON FORGE DRIVE					
City	State	Zip	City	State	Zip
FOXBOROUGH	MA	02035			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	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 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.

[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.

Signature *Date* 2-19-08

NICHOLAS PICCHIONE II
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 20 2008
By: By DS 1715
2008-14225386
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Form 630 Rev. 12/06