



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. 57007		2. Name of Corporation Pascoag Land Corporation <i>1/0 NANCY A. GREIM</i>			
3. Street Address Principal Business Office 48 Miller Street 70 VALLEY BROOK DRIVE			City <i>EAST GREENWICH</i>	State RI	Zip 02810 02818
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To sell, hold and develop real estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Ahlborg			Vice President Name Charles Cove		
Street Address 48 Miller Street 25088 RIDGE OAK DRIVE			Street Address 160 Greenville Street		
City Greenwich BONITA SPRINGS	State FL	Zip 02810 34134	City Pawtucket	State RI	Zip 02860
Secretary Name Vincent J. Mesolella			Treasurer Name Richard Ahlborg		
Street Address 1910 Smith Street			Street Address 48 Miller Street 25088 RIDGE OAK DRIVE		
City North Providence	State RI	Zip 02911	City Greenwich BONITA SPRINGS	State FL	Zip 02810 34134
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard Ahlborg			Director Name Vincent J. Mesolella		
Street Address 48 Miller Street 25088 RIDGE OAK DR			Street Address 1910 Smith Street		
City Greenwich BONITA SPRINGS	State FL	Zip 02810 34134	City North Providence	State RI	Zip 02911
Director Name			Director Name		
Street Address			Street Address		
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
8,000	Common	\$.10	100	Common	\$.10

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

File Date FEB 26 2008

Check No. 1 DS 7819

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.

Richard Ahlborg 2/22/2008
Signature Date

Richard Ahlborg
Print or Type Name
President
Title