



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>Y/NANCY A. GREIM</i> | | | |
| 3. Street Address Principal Business Office 48 Moller Street <i>70 VALLEY BROOK DRIVE</i> | | City <i>EAST GREENWICH</i> | | State RI | Zip 02818 <i>02818</i> |
| 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 Moller Street <i>25088 RIDGE OAK DRIVE</i> | | | Street Address 160 Greenville Street | | |
| City Greenwich <i>BONITA SPRINGS</i> | State RI <i>FL</i> | Zip 02818 <i>34134</i> | City Pawtucket | State RI | Zip 02860 |
| Secretary Name Vincent J. Mesolella | | | Treasurer Name Richard Ahlborg | | |
| Street Address 1910 Smith Street | | | Street Address 48 Moller Street <i>25088 RIDGE OAK DRIVE</i> | | |
| City North Providence | State RI | Zip 02911 | City Greenwich <i>BONITA SPRINGS</i> | State RI <i>FL</i> | Zip 02818 <i>34134</i> |
| 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 Moller Street <i>25088 RIDGE OAK DR</i> | | | Street Address 1910 Smith Street | | |
| City Greenwich <i>BONITA SPRINGS</i> | State RI <i>FL</i> | Zip 02818 <i>34134</i> | City North Providence | State RI | Zip 02911 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |
| 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. *187819*

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