



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. 83757		2. Name of Corporation RCF REALTY CORP.			
3. Street Address Principal Business Office 82 GERARD STREET			City BOSTON	State MA	Zip 02119
4. Business Phone No. 800-888-6950		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, OR IN ANY WAY ACQUIRE FOR INVESTMENT OR FOR SALE OR OTHERWISE, LANDS, CONTRACTS FOR THE PURCHASE OR SALE OF LANDS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Howard E. Rose			Vice President Name None		
Street Address 82 Gerard Street			Street Address		
City Boston	State MA	Zip 02119	City	State	Zip
Secretary Name Howard E. Rose			Treasurer Name Richard E. Fox		
Street Address 82 Gerard Street			Street Address 82 Gerard Street		
City Boston	State MA	Zip 02119	City Boston	State MA	Zip 02119
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard E. Rose			Director Name Richard E. Fox		
Street Address 82 Gerard Street			Street Address 82 Gerard Street		
City Boston	State MA	Zip 02119	City Boston	State MA	Zip 02119
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
1,000 COMM NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			300	Common	No Par Value
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.

**FILED**

File Date: FEB 27 2008

Check No: 1688

By: \_\_\_\_\_

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.

Signature: Howard E. Rose Date: 2.11.08

Howard E. Rose  
Print or Type Name  
President  
Title