



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 02904-2611
401.222.304

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. 68939		2. Name of Corporation Convention Realty, Ltd.			
3. Street Address Principal Business Office 10 Dorrance Street, Suite 620			City Providence	State Rhode Island	Zip 02903
4. Business Phone No. 401-521-6400		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The Acquisition, Development, Buying and Selling of Real Estate					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M.P. Odess			Vice President Name Dennis M.P. Odess		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State Rhode Island	Zip 02903	City Providence	State Rhode Island	Zip 02903
Secretary Name Dennis M.P. Odess			Treasurer Name Dennis M.P. Odess		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State Rhode Island	Zip 02903	City Providence	State Rhode Island	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis M.P. Odess			Director Name		
Street Address 10 Dorrance Street, Suite 620			Street Address		
City Providence	State Rhode Island	Zip 02903	City	State	Zip
Director Name			Director Name		
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	Number of Shares	Class/Series	Par Value
1,000 Common No Par Value			None		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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 **FILED**
Check No. **FEB 26 2008**
By: **DS 1013**
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 Dennis M.P. Odess Date 3/24/08
Print or Type Name
President
Title