

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. 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 benalty fee of \$25.00.

law (R.I.G.L. 7-1.2-1501(c&a	()) is subject to a penalty	fee of \$25.00.			-
1. Corporate ID No. 60	2. Name of Corporation E. A	Js, Realt	y Conf		
3. Street Address Principal Busin	ness Office AST AVE		City worker	- State	^{Zip} 02860
4. Business Phone No. HO1.2-2	5.8191	5. State of Incorporation			
6. Brief Description of the Chara	cter of Business Conducted in	Rhode Island			
7. NAMES AND ADDRES	ses of the officers	("X" BOX FOR ATTA	CHMENT) TILL IN SPA	CES BEFORE USING AT	TACHMENTS
16ger M. Keprlann			Roger in Penrimons		
Street Address 750 EAST Ne			Street Address 750 6737 Me		
fm.T.	State NI	^{Zip} 02860	City PMT	State 1	21025CO
Secretary Name Rosu m ferrhand			Treasurer Name Rosy M Personne		
Street Address 750 FA37 Me			Street Address 750 EATT Me		
City P M T	State NI	2th 02 F60	City Pm+	State	02860
8. NAMES AND ADDRESS Director Name	SES OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP Director Name	ACES BEFORE USING A	TTACHMENTS
Hoger M. Penhan					
Street Address 700	EAST A	ve_	Street Address		
City PmT	State	02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED) ("X" BOX FOR ATTA	CHMENT) [10. SHARES ISSUED ("X	the automorphism of the control of t	er er af en e rster er erster er er erste er
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No PAL	600	Common	NO PM
			d representative. If the corpo	ration is in the hands of	a receiver or trustee,
this report must be execut	ed on behalf of the corp	oration by the receiver of	r trustee.		
	FILED	-	including any accompa	y, I declare and affirm that I nying schedules and stateme	
FIG. Date.			contained herein are true and correct.		
File Date Ey	1518		Signature Q A Date		
Check No.			Print or Type Name		
Ву			President		
FOR SECRETARY OF	STATE USE ONLY			-	