



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. 87402		2. Name of Corporation 1996 Corporation	
3. Street Address Principal Business Office 179 Kay Street		City Newport	State RI
		Zip 02840	
4. Business Phone No. 401-846-4538		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, LEASE, AND MANAGE REAL ESTATE.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Peter X. Sullivan		Vice President Name Neil F. Sullivan	
Street Address 179 Kay Street		Street Address 7 Marion Street	
City Newport	State RI	Zip 02840	City Newport
			State RI
			Zip 02840
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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"/>		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
1,000 NO PAR VALUE			500
			COMMON
			NONE

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

FEB 29 2008

File Date _____

Check No. _____

By: 1119

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: [Signature] Date: 2-28-08

Print or Type Name: PETER X SULLIVAN

Title: President