State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of Stat*
*Corporations Divisio*
*148 W. River Stree*
*Providence, RI 02904-261*
*401.222.304*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

***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. | 2. Name of Corporation |
|---|---|
| 18160 | Realty Enterprises Ltd. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 11 Poplar Circle | Cranston | RI | 02920 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 943 8804 | RI |

6. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate, Construction

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Vice President Name |
|---|---|
| Eileen J. Lombardi | Brian C. Lombardi |
| Street Address: 11 Poplar Circle | Street Address: 239 Chestnut Hill Road |
| City: Cranston; State: RI; Zip: 02920 | City: Glocester; State: RI; Zip: 02814 |
| Secretary Name: Eileen J. Lombardi | Treasurer Name |
| Street Address: 11 Poplar Circle | Street Address |
| City; State; Zip | City; State; Zip |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Director Name |
|---|---|
| Eileen J. Lombardi | Brian C.Lombardi |
| Street Address: 11 Poplar Circle | Street Address: 239 Chestnut Hill Road |
| City: Cranston; State: RI; Zip: 02920 | City: Glocester; State: RI; Zip: 02814 |
| Director Name | Director Name |
| Street Address | Street Address |
| City; State; Zip | City; State; Zip |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 600 | | |
| | | |

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 | | |
| | | |

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.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Eileen J. Lombardi 2/26/08
*Signature* *Date*

Eileen J. Lombardi
*Print or Type Name*

[redacted] President
*Title*

[redacted]

*File Date* FILED
*Check No.* MAR 03 2008
*By:* By 11323

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06