

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

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 falling or refusing to file its annual report within thirty (30) days after the time prescribed by aw (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

. Corporate ID No. 131798	2. Name of Corporation HEATHERFIELD PROPERTIES, INC					
3. Street Address Principal Bustness Office 11 PROSPECT AVENUE			NORTH KINGSTOWN	State RI	^{Zip} 02852	
6. Business Phone No. 5. State of Incorporation RHODE ISLAND						
Brief Description of the Character of RENTAL ACTIVITIES					30300000	
, NAMES AND ADDRESSES (President Name	OF THE OFFICERS	("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS: Vice President Name			
John H. Lees			Paula E. Lees			
Street Address 11 Prospect Avenue			Street Address 11 Prospect Avenue			
City North Kingstown	State RI	<i>Ζ</i> φ 02852	City North Kingstown	State RI	^{Ζφ} 02852	
Secretary Name Paula E. Lees			Treasurer Name John H. Lees			
Street Address 11 Prospect Avenue			Street Address 11 Prospect Avenue			
City North Kingstown	State RI	^{Ζtp} 02852	Cuy North Kingstown	State RI	^{Zip} 02852	
	OF THE DIRECTOR	S: ("X" BOX FOR ATI	<i>TACHMENT)</i> 🔲 FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Director Name None			Director Name			
Street Address			Street Address			
Cuy	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
> SHARES AUTHORIZED (*AUTHORIZED SHARES	X BOX FOR ATTA	duint)	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		MENTO [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 COMMON NO PAR VALUE			200 SHARES	COMMON	NO PAR	
This report must be executed this report must be executed c	on behalf of the cor on behalf of the corp	poration by an authoriz poration by the receiver	ed representative. If the corporor trustee.	ration is in the hands	of a receiver or trustee,	

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FOR SECRETARY OF STATE LISE ONLY	

Under penalty of perjury, I declare and	
including any accompanying schedules	s and statements, and that all statemer
contained berein are true and correct.	
All Keen	3-2-08
Signature	Date
John H. Lees	
Print or Type Name	