



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
401.222.804

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. 75103		2. Name of Corporation Commercial Properties, Ltd.			
3. Street Address Principal Business Office 95 Chestnut Street			4. City Providence	5. State RI	6. Zip 02903
7. Business Phone No. 401-421-2222		8. State of Incorporation Rhode Island			
9. Brief Description of the Character of Business Conducted in Rhode Island Sales and rentals of real estate					
10. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
11. President Name Anthony Carcieri			12. Vice President Name same		
13. Street Address 42 Bridgham Farm Road			14. Street Address		
15. City Rumford	16. State RI	17. Zip 02914	18. City	19. State	20. Zip
21. Secretary Name Same			22. Treasurer Name Same		
23. Street Address			24. Street Address		
25. City	26. State	27. Zip	28. City	29. State	30. Zip
11. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
31. Director Name Anthony Carcieri			32. Director Name		
33. Street Address Same			34. Street Address		
35. City	36. State	37. Zip	38. City	39. State	40. Zip
41. Director Name			42. Director Name		
43. Street Address			44. Street Address		
45. City	46. State	47. Zip	48. City	49. State	50. Zip
51. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			52. 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
53. AUTHORIZED SHARES			54. ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
55. Number of Shares	56. Class/Series	57. Par Value	58. Number of Shares	59. Class/Series	60. Par Value
1,000 No Par Value			0	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
File Date **MAR 07 2008**
Check No. **590**
By **590**
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 **Anthony A. Carcieri** Date **3-3-08**
Print or Type Name **Anthony A. Carcieri**
Title **PRESIDENT**