



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. 6315		2. Name of Corporation Dawn Realty, Inc.	
3. Street Address Principal Business Office 333 Clinton Street		City Woonsocket	State R. I.
4. Business Phone No. 762-1224		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Motel accomodations, purchasing, improving, selling exchanging, disposing of and otherwise dealing in real estate			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name V. James Floru		Vice President Name George P. Floru	
Street Address 510 Woonsocket Hill Rd.		Street Address 510 Woonsocket Hill Rd.	
City N. Smithfield	State R. I.	Zip 02896	City N. Smithfield
Secretary Name George P. Floru		Treasurer Name V. James Floru	
Street Address 510 Woonsocket Hill Rd.		Street Address 510 Woonsocket Hill Rd.	
City N. Smithfield	State R. I.	Zip 02896	City N. Smithfield
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name George P. Floru		Director Name Michael G. Floru	
Street Address 510 Woonsocket Hill Rd.		Street Address 510 Woonsocket Hill Rd.	
City N. Smithfield	State R. I.	Zip 02896	City N. Smithfield
Director Name V. James Floru		Director Name NONE	
Street Address 510 Woonsocket Hill Rd.		Street Address	
City N. Smithfield	State R. I.	Zip 02896	City
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
7950	no par value	none	ISSUED SHARES -- THIS SECTION MUST BE COMPLETED
			Number of Shares
			Class/Series
			Par Value
			500
			Common
			no par value

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.

File Date **FILED**
Check No. **MAR 13 2008**
By: **DS Wadon**
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: **V. James Floru** Date: **3.1.08**
Print or Type Name: **V. James Floru**
Title: **President**