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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
40568	CHAMPLIN'S REALTY ASSOCIATES, INC.

3. Street Address Principal Business Office	City	State	Zip
WEST SIDE ROAD, PO BOX J	BLOCK ISLAND	RI	02807

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4014662641	RHODE ISLAND	5538

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE RENTAL

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

President Name	Vice President Name
Joseph Grillo, Sr.	John S. Pfarr, Assistant Secretary
Street Address: 420 Jericho Turnpike, Suite 334	Street Address: 14 Plains Road
City: Jericho, State: NY, Zip: 11753	City: Essex, State: CT, Zip: 06426
Secretary Name: Joseph Grillo, Sr.	Treasurer Name: Susan Grillo
Street Address: 420 Jericho Turnpike, Suite 334	Street Address: 420 Jericho Turnpike, Suite 334
City: Jericho, State: NY, Zip: 11753	City: Jericho, State: NY, Zip: 11753

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

Director Name	Director Name
Joseph Grillo, Sr.	Susan Grillo
Street Address: 420 Jericho Turnpike, Suite 334	Street Address: 420 Jericho Turnpike, Suite 334
City: Jericho, State: NY, Zip: 11753	City: Jericho, State: NY, Zip: 11753
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 $1.00 PAR VALUE			200	Common	$1 Par Value

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

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40568 DBC 01/08/08 10:56:27 AM
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By: By
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21638-12-248121

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 of Officer — *Date* 1/25/08

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Form 630 12/01