



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. 48364		2. Name of Corporation Anjos Realty, Inc.			
3. Street Address Principal Business Office 288 East Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-743-0791		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Buy, Sell, Manage, Repair, Rent, Lease, etc. 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 David Anjos			Vice President Name Arlindo Anjos		
Street Address 75 Abbott Street			Street Address 1211 Lafayette Road		
City Cumberland	State RI	Zip 02864	City North Kingstown	State RI	Zip 02852
Secretary Name Arlindo Anjos			Treasurer Name David Anjos		
Street Address 1211 Lafayette Road			Street Address 75 Abbott Street		
City North Kingstown	State RI	Zip 02852	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Anjos			Director Name Arlindo Anjos		
Street Address 75 Abbott Street			Street Address 1211 Lafayette Road		
City Cumberland	State RI	Zip 02864	City North Kingstown	State RI	Zip 02852
Director Name None			Director Name None		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	No Par Value		100	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.

FILED

File Date: APR 07 2008

Check No. BY 2818 2819

By: _____

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: Arlindo Anjos Date: 3-31-08

Arlindo Anjos
Print or Type Name
Vice-President
Title