

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

601.222.

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 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(cGd)) i	is subject to a penalty	fee of \$25.00.			
1. Corporate ID No. 44967	2. Name of Corporation GAIL BALLARD MANAGEMENT, INC.				
3. Street Address Principal Business Office 23 Ocean Avenue			City Block Island	State RI	^{Zip} 02807
4. Business Phone No. 5 State of Incorporation 401-466-8883 RHODE ISLAN)	•	
6. Brief Description of the Character Engaging in any and all ac			and sales of real estate	***********	4-0-1
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Gail Patricia Ballard Hall			ACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address same as above			Street Address		
City:	State	Zip	City'	State	Zip
Secretary Name Gail Patricia Ballard Hall			Treasurer Name Gail Patricia Ballard Hall		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATT Director Name Gail Patricia Ballard Hall			DIACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address same as above			Street Address		
CI():	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)		I ("X" BOX FOR ATTACI TION MUST BE COMPLETED	HMENT)
Number of Shares .	Class/Series	Par Value .	Number of Shares	Class/Sories .	Par Value
8,000 \$10.00 PAR VALUE			100	common	\$10.00
			The state of the s	TO MUSIC TO A	3.5.2.5.00
This report must be executed this report must be executed the				orporation is in the hand	s of a receiver or trustee,

	Under penalty of perjury, I declare and affirm that including any accompanying schedules and staten		
EHTEN	contained herein are true and correct.		
File Date	Sibnoure 1-fell		
Check No. APR 1 8 2008	CAIL HALL		
By 4861 + 6923	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	Title Duner / presiden		
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I have examined this report, nents, and that all statements