

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 falling 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

law (R.I.G.L. 7-1.2-1501(c&d))	is subject to a penalty f	ee of \$25.00.				
1. Corporate ID No. 125970	2. Name of Corporation Plante Real Esta	2. Name of Corporation Plante Real Estate Inc.				
3. Street Address Principal Business Office 45 Sayles Hill Rd			N. Rmitrhfield	State RI	<sup>Zip</sup> 02896	
4. Business Phone No. 5. State of Incorporation 4017651235 RHODE ISLAND				- "		
	vestment and service	s, including brokering s	ales and purchases of real es			
7. Names and additesse	S'OFTHE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗍 FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Michael Plante			Michael Plante			
Street Address 45 Sayles Hill Rd.			Street Address 45 Sayles Hill Rd.			
City North Smithfield	State RI	<i>хир</i> 02896	City North Smithfield	RI	2ip 02896	
Secretary Name Michael Plante			Treasurer Name Michael Plante			
Street Address 45 Sayles Hill Rd.			Street Address 45 Sayles Hill Rd.			
North Smithfield	RI State	02896	North Smithfield	RI	02896	
8. NAMES AND ADDRESSE  Director Name	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPACE  Director Name	ES BEFORE USING AT	TACHMENTS	
Michael Plante Street Address			Street Address			
						45 Sayles Hill Rd.
City	State	Zip	Сиу	State	Zip	
North Smithfield	RI	02896				
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Vahue	Number of Shares	Class/Series	Far Value	
1,000 \$0.01 PAR VALUE			100	COMMON	\$.01	
This report must be execute this report must be executed			d representative. If the corpora or trustee.	ation is in the hands of a	receiver or trustee,	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	eontained herein are true and correct.
Check No. MAY 0 5 2008	Signature Date  Michael Plonk
FOR SECRETARY OF STATE USE ONLY	Print or Type Name  Plus Sept  Title