

to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR (1.223)

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with fee of \$25.00.00.

1. Corporate 1D No. 27384	2. Name of Corporation New Port	County Boar	d of Realtons	Inc.		
3. State of Incorporation Rhode, FSland		oode Island - Street Address Road		midd)	etown	^{zip} 0a84え
5. Foreign corporation. Enter princ			City	State		7ip
6. Brief Description of the character of the affairs which are acqually conducted in Rhode Island. Help member 5. Conduct their ousiness successfully and thically and to gromate preservation						
FOR THE SAME SAME SES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
Prosident Name Carol Hale			Richard Carrubba			
street Address 909 Fast Main Road			Street Address 136 West Main Road			
Middletown	State RI	^ℤ оа8Ча	Middletown	State RI	2	03842
Secretary Name			Stephen Larson			
Street Address			Street Address 55 Memorial Blvd			
City	State	Zip	Newport	State RI	į	0a840
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name Suzi Name			Sharon Vincelette			
Street Address 123 Bellevine avenue			Street Address 55 Memorial Blvd -			
New port	State	^{Z.p.} つる忍4 ()	New part	State		749 02840
Director Name Orthur Chanman			Director Name Huyl Watters			
Street Address 49 Relleving, Overlies			Street Address 55 Memoria Blvd.			
N cw port	State RI	7.1p 0.2840	Nwort	State		^{ир} 0а840
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agent Name Address						
Helen S. Powidski			City	Ζψ		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
4						

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all are true and correct. FILE Check No. JUN 05 2008 Print or Type Name of Officer TREASURER FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631 Rev. 12/06