



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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 29768		2. Name of Corporation Columbian Realty Corp of Cranston RI 02920	
3. State of Incorporation RI		4. Corporate address - Rhode Island - Street Address 1047 Park Ave Cranston RI 02920	
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Edward J. Hanley II		Vice President Name DAVID C GOEWY	
Street Address 70 WALKBROUGH ST.		Street Address 21 APPLETON ST	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Secretary Name ALAN G. CARUOLO		Treasurer Name Richard Hallam	
Street Address 30 JUNIPER DR.		Street Address 18 PINECROFT ROAD	
City CRANSTON	State RI	City N. Cranston	State RI
Zip 02920		Zip 02857	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Joseph D. Grimshaw		Director Name Grimshaw John J	
Street Address 21 FAIR ST		Street Address 27 CARMAN ST	
City WARWICK	State RI	City CRANSTON	State RI
Zip 02888		Zip 02910	
Director Name James DelToro		Director Name	
Street Address 139 BRANDON RD		Street Address	
City CRANSTON	State R.I	City	State
Zip 02910		Zip	
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	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 contained herein are true and correct.

Signature of Officer: *[Signature]* Date: 6/14/08  
Print or Type Name of Officer: Richard Hallam  
Title of Officer: TREASURER

File Date: 6-23-08  
Check No.: 6173  
By: *[Signature]*  
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