RI SOS Filing Number: 200834073980 Date: 08/21/2008 4:00 PM

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.	2. Name of Corporation			
40761	Solid Gold Properties, Inc.			
3. Street Address Principal Business Office		City	State	Zip
318 Chalkstone Avenue		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			
	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
OWNING OR CONTROLLING LAND OR BUILDINGS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
James DeRentiis	3261 Old Hampton Drive	Wellington	FL	33414

Vice President Name	Street Address	City	State	Zip
Patricia Tsoumas	20 Wayside Lane	Canton	MA	02021

Secretary Name	Street Address	City	State	Zip
Patricia Tsoumas	20 Wayside Lane	Canton	MA	02021

Treasurer Name	Street Address	City	State	Zip
James DeRentiis	3261 Old Hampton Drive	Wellington	FL	33414

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
James DeRentiis	3261 Old Hampton Drive	Wellington	FL	33414

Director Name	Street Address	City	State	Zip
Patricia Tsoumas	20 Wayside Lane	Canton	MA	02021

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	Comm	No Par

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.

[redacted]

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.

[redacted] 8-15-08
Signature *Date*

James DeRentiis
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
AUG 21 2008
By: By DS 4838
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25266-13-250824

Form 630 Rev. 12/06