



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. 104411		2. Name of Corporation HAR-LEE Realty Corp. Inc			
3. Street Address Principal Business Office 195 CARLTON ROAD			City NEWTON	State MA	Zip 02468
4. Business Phone No. 617-243-0444		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business 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 G. MICHAEL BERKOWITZ			Vice President Name G. MICHAEL BERKOWITZ		
Street Address 195 CARLTON ROAD			Street Address 195 CARLTON ROAD		
City NEWTON	State MA	Zip 02468	City NEWTON	State MA	Zip 02468
Secretary Name G. MICHAEL BERKOWITZ			Treasurer Name G. MICHAEL BERKOWITZ		
Street Address 195 CARLTON ROAD			Street Address 195 CARLTON ROAD		
City NEWTON	State MA	Zip 02468	City NEWTON	State MA	Zip 02468
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name G. MICHAEL BERKOWITZ			Director Name		
Street Address 195 CARLTON ROAD			Street Address		
City NEWTON	State MA	Zip 02468	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares 3,000	Class/Series NO PAR VALUE	Par Value	Number of Shares 100	Class/Series NO PAR	Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
THIS SECTION MUST BE COMPLETED					

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.

File Date	FILED
Check No.	SEP 23 2008
By	3819
FOR SECRETARY OF STATE USE ONLY	

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 **G. Michael Berkowitz** Date **9/22/08**
Print or Type Name **G. MICHAEL BERKOWITZ**
Title **PRESIDENT**