

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 61534 ROSEMONT ASSOCIATES, INC. 3. Street Address Principal Business Office -_______ JOHNSTON 1720 ATWOOD AVENUE RI 02919 4. Business Phone No. 5. State of Incorporation 401-231-9681 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island BUY, SELL, RENT OR OTHERWISE DEVELOP AND MAINTAIN REAL PROPERTY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ANNA M. ACCETTURO CARMINO DIBIASIO Street Address Street Address 223 HIGHLAND AVE 5C FORAND CIRCLE State State JOHNSTON 02919 RI JOHNSTON RI 02919 Secretary Name Treasurer Name MARY T. GRANT Street Address Street Address 15C FORAND CIRCLE State Zipີ້02919 JÖHNSTON RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ANNA M. ACCETTURO MARY T. GRANT Street Address Street Address 15C FORAND CIRCLE 223 HIGHLAND AVE City City State State 02919 JOHNSTON RI JOHNSTON RI 02919 Director Name Director Name CARMINO DIBIASIO JOSEPH P. ACCETTURO Street Address Street Address **5C FORAND CIRCLE** 223 HIGHLAND AVE State City State 02919 **JOHNSTON** RI **JOHNSTON** RI 02919 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 8000 COMMOM NO PAR instruction sheet. 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.

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. File Date FLED Signature Check No. OCT 1 6 2008 JOSEPH P. ACCETTURO Print or Type Name **DIRECTOR** FOR SECRETARY OF STATE USE ONLY Title