

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 2009

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. 2643	2. Name of Corporation Pine River Associates, Inc.					
3. Street Address Principal Business Office 1311 Middle Road			City East Greenwich	RI	<i>Ζίρ</i> 02818	
		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Owning, buying, selling, rent	ing & dealing in Real	Estate, selling appliar				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	_	S BEFORE USING ATTA	ACHMENTS	
President Name Patricia B. Ellis			Vice President Name Charles E. Ellis, III			
Street Address 1311 Middle Road			Street Address PO Box 61			
City East Greenwich	State RI	^{շւր} 021818	City North Kingstown	State RI	^{Ζίρ} 0 285 2	
Secretary Name Susan E. Ellis			Treasurer Name Charles E. Ellis, Jr			
Street Address PO Box 61			Street Address 1311 Middle Road			
North Kingstown	State RI	^{Zip} 02852	City East Greenwich	State RI	^{Ζψ} 02818	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN SPAC	CES BEFORE USING AT	TACHMENTS	
Director Name Patricia B. Ellis			Director Name Charles E. Ellis, III			
Street Address 1311 Middle Road			Street Address PO Box 61			
City	State	Zip	City	State	Zip	
East Greenwich	RI	02818	North Kingstown	RI	02852	
Director Name Charles E. Ellis, Jr			Director Name Susan E. Ellis			
Street Address 1311 Middle Road			Street Address PO Box 61			
City East Greenwich	State RI	<i>Ζ</i> φ 02818	сиу North Kingstown	State RI	^{Zip} 02852	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is assumently	of record in the Offic	o of the Secretary of	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 instruction sheet.		100	Common	none		
	<u> </u>					
This report must be executed this report must be executed or				ation is in the hands of a	a receiver or trustee,	

	Under penalty of perjury, I declare and affirm that I have examined this rep	
	including any accompanying schedules and statements, and that all statem	ents
File Date 1-5-09	contained herein are true and correct.	
1220	Signature Date	
Check No.	Susan E. Ellis	
By: MMC	Print or Type Name	
	Secretary	
FOR SECRETARY OF STATE USE ONLY	Title	
	Form 630 Rev. 08/08	