

A. Ralph Mollis, Secretary of State Corporations Division 1-18 W. River Street Providence, Rt 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

**In accordance with R.I.G.L. 7-1.2-1501(c), 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(cc/d)) is subject to a penalty fee of \$25.00.

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1. Corporate 10 No. 151582	2. Name of Corp. TROY STR	EET REALTY, CORP.				
. Street Address Principal Business Office 45 TROY ST			PROVIDENCE	State RI	Zip 02909-2816	
a. Business Phone No 401 421 5275		5. State of Incorporation RI		1	<u></u>	
6. Brief Description of the Character PURCHASE AND SALE OF	F REAL ESTAT	Ē		, , , , , , , , , , , , , , , , , , ,		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name KARL KRIKORIAN			GHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name KARL KRIKORIAN			
Street Address 303 COUNTRY VIEW DR			Street Address 303 COUNTRY VIEW DR			
WARWICK	State RI	χφ 02886-4254	City WARWICK	State RI	02886-4254	
iceretary Name KARL KRIKORIAN			Traisurer Name KARL KRIKORIAN			
Street Address 303 COUNTRY VIEW DF	TRY VIEW DR			Street Address 303 COUNTRY VIEW DR		
^{сиу} WARWICK	State RI	^{Хір} 02886-4254	City: WARWICK	State RI	Ζιρ 02886-4254	
B. NAMES AND ADDRESSES Ofrector Name	OF THE DIREC	CTORS: ("X" BOX FOR ATT	TACHMENT) FILL II Director Name	N SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
200	State	Zip	СПу	State	Zip	
Этесног Лате	J		Director Name			
Street Address			Street Address			
Жу	State	Zip	Gity:	State	Ζip	
. SHARES AUTHORIZED				0. SHARES ISSUED ("X" BOX FOR ATTACHMENT) UED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the	Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.		100	COMMON	0		
This report must be executed	on behalf of the	corporation by an authorize	d representative. If the c	ornoration is in the hands	of a receiver or trus	

File Date	FILED
Check No.	JAN 06 2009
Ву:	By 5174
Ī	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi including any accompanying schedules and contained herein are true and correct.		S
Signature	Date	
KARL KRIKORIAN		
Print or Type Name		
PRESIDENT		
Title		